REPORT
TO THE ONTARIO
MINISTRY OF HEALTH AND LONG-TERM CARE
AND THE
MINISTRY OF ECONOMIC DEVELOPMENT AND TRADE

REVIEW OF THE PROBLEM-GAMBLING AND RESPONSIBLE-GAMING STRATEGY OF THE GOVERNMENT OF ONTARIO

EXECUTIVE SUMMARY

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Executive Summary of the Review of the Problem-Gambling and Responsible-Gaming Strategy of the Government of Ontario

Historical Perspective

Prior to 1994, legalized gambling in Ontario consisted of lotteries, pari-mutuel wagering on horse racing and licensed bingo, raffle and Monte Carlo events for charitable purposes. By 2004, Ontario had added to the menu of available gambling products and services four commercial-type casinos, six charity casinos, 16 slots-at-racetracks programs and an electronic-linked bingo game. In fiscal 2003-04, these facilities generated revenues of approximately $1.9B for the Consolidated Revenue Fund. The Government has earmarked these funds for health care, the environment, sports, recreational and cultural activities and charitable purposes.

In 1996, the Government approved the development of a comprehensive problem-gambling Strategy for the prevention, treatment and research of problem gambling in Ontario. The Ministry of Health (now the Ministry of Health and Long-Term Care) was given the responsibility for developing and managing the Strategy. Between 1996 and 1999, annual funding for the Strategy grew from $1M to $3M. In 1998, funding was set at 2% of the gross revenue from slot machines at charity casinos and racetracks and by 2004 this formula produced an allocation of approximately $36M for the Strategy. In 2002, the Government agreed that up to $5M of the allocated funds could be used for substance-abuse treatment (alcohol and drugs), recognizing cross-addiction between gambling and substance addictions.

Gambling in Ontario and its Problem-Gambling Strategy

Approximately 83% of adults in Ontario take part in some form of legalized gambling. The highest participation rate is in the purchase of lottery products (64%). While prevalence studies vary, they indicate that approximately 0.9% of the adult public that gamble (64,500 people) have serious gambling problems. An additional 3.9% (288,000 people) are at moderate to high risk of becoming problem gamblers. Yet in fiscal 2003-04, only 3,800 people presented themselves for help or treatment for their gambling problem or the problem of a person close to the gambler.

The Government has never articulated a responsible-gaming strategy. However, the Government's problem-gambling Strategy does include elements that deal with responsible gaming in each of its components. Particularly in the area of prevention/awareness, various stakeholders are involved in educating the public on responsible-gaming practices with the aim of ensuring that the public is aware of the risks of excessive gaming and that people follow safe gambling practices. In addition, the Ontario Lottery and Gaming Corporation, the Government agency that manages and operates the lotteries, commercial-type casinos, charity casinos, slots-at-racetracks programs and the electronic-linked bingo game, is also involved in promoting responsible gaming.

In fiscal 2003-04, approximately $21.7M of the $36M that was allocated by the formula actually flowed to the problem-gambling Strategy. These funds were then re-allocated to the components of the Strategy as follows:

Treatment (including treatment for multiple addictions)	$13.2M	(60%)
Prevention/awareness	4.7M	(22%)
Research	3.8M	(18%)
Total	$21.7M	(100%)

For fiscal 2004-05, the Government has indicated that it will make available the full allocation, $36.65M, generated by the formula.

A large number of partners and stakeholders are involved in delivering programs and services within the three components of the Strategy. Treatment services are provided by 47 community-treatment agencies located throughout the Province. When the Strategy was approved in 1996, these community agencies were already involved in the treatment of those with substance-abuse problems. With new funding made available through the Strategy, each agency added at least one full-time equivalent problem-gambling counsellor to deal with clients with gambling problems and to provide community outreach with prevention/awareness services.

Nine of the 47 agencies specialize in treatment and/or community outreach services for seniors, women, youth and/or ethno-cultural communities.

The Centre for Addiction and Mental Health operates a problem-gambling project that is funded by the Ministry of Health and Long-Term Care. The project provides training and support materials on issues related to problem gambling to Ontario's designated problem-gambling treatment network, allied professionals and communities. The Ontario Problem Gambling Helpline is funded by the Ministry to provide a province-wide information and referral service designed to ensure that all communities in Ontario have free, confidential and anonymous access to information about and referral to problem-gambling treatment services. A dedicated toll-free telephone line is open 24 hours every day of the year, and its operators can provide information on treatment agencies, credit and debt counselling, family service counselling and self-help organizations such as Gamblers Anonymous.

The Responsible Gambling Council – Ontario is funded by the Ministry to develop and provide awareness, prevention and education programs to the community at large. The Department of Public Health Sciences at the University of Toronto is funded to provide an interactive website focused on promoting responsible-gaming practices by youth. The YMCA of Ontario is funded to develop and deliver prevention/awareness workshops to youth between the ages of eight and 24 years. Eight Aboriginal organizations are funded by the Ministry to deliver prevention/awareness programs to Aboriginals both on and off reserves.

The Ontario Problem Gambling Research Centre is funded by the Ministry to provide research projects, to build a capacity within Ontario to conduct research and to disseminate the results of research. The Centre does not conduct the research itself – it acts as a funding agency.

In fiscal 2003-04, the Strategy's $21.7M budget was allocated approximately as follows:

47 general population treatment agencies	$ 12,000,000
Centre for Addiction and Mental Health	670,000
Responsible Gambling Council - Ontario	1,900,000
Ontario Problem Gambling Helpline	500,000
University of Toronto	130,000
YMCA of Ontario	1,520,000
Aboriginal Gambling	1,000,000
Research	3,800,000
Total	$ 21,520,000

In the same fiscal year, the Ontario Lottery and Gaming Corporation spent an additional $6.8 million on its own responsible-gaming strategy. The funds were spent on direct and indirect marketing, information publications, a self-exclusion program, donations and sponsorships. These funds included amounts spent by the day-to-day managers of the four commercial-type casinos. The Corporation has created a tagline message "Know your limit, play within it" that it incorporates into its marketing programs and print materials. It advertises the Helpline telephone number on its products, publications and slot machines.

As noted, in fiscal 2004–05, the Government of Ontario is prepared to flow the full $36.65M generated by the 2% formula to the existing problem-gambling Strategy. Accordingly, the Ministry of Health and Long-Term Care will have $14.95M more than the $21.7M it had in the previous fiscal year. The Mental Health and Addiction Branch of the Ministry intends to allocate $10.97M of these additional funds to treatment, $3.77M to prevention/awareness and $.21M to research.

In the area of treatment, the increases will create more treatment capacity for women, seniors, young adults and ethno-cultural communities. There will be increases to the base budgets of treatment agencies that will be built in to salary and operating-expenses. Furthermore, in addition to the $4.2M already being transferred to substance-abuse agencies, the 2004-05 allocation provides for the transfer of an additional $5M for a total of $9.2M. Two million of these additional dollars will go to all 150 substance-abuse agencies, 103 of which do not treat problem gambling clients. The additional money will be used to fund an overall 2% increase in their operating budgets while the additional $3M will be used for withdrawal management services.

In fiscal 2003-04, approximately 3,800 problem-gambling clients were treated by the problem-gambling treatment network. This represented a decrease from the numbers in fiscal 2002-03. However, it appears that approximately 5,900 clients will be treated in fiscal 2004-05. Nonetheless, this falls well short of the Mental Health and Addiction Branch's prediction of 8,600 clients.

In the area of prevention/awareness, the increases will fund the first phase of a social-marketing campaign directed at youth and young adults and will also permit a major expansion of the Problem Gambling Awareness program to a Problem Gambling Prevention Month developed by the Responsible Gambling Council – Ontario.

In the area of research, the entire budget of the Ontario Problem Gambling Research Centre, $3.7M, is being converted into base funding. This decision was made in response to the submissions of the Centre that it requires stable funding in order to fund long-term research projects.

The fiscal 2004-05 expenditures are being made without the input of the forthcoming recommendations contained in this Report.

Problem Gambling Strategies in Other Jurisdictions

The Provinces of British Columbia, Manitoba, Nova Scotia, Quebec and Alberta all have problem-gambling and responsible-gaming programs in place. While some differences exist in the programs offered in each province, each provides treatment services for problem gamblers and their families, a range of prevention/awareness programs including Helplines, the publication of information materials, workshops and a limited amount of research. In British Columbia, Manitoba and Alberta, their respective regulators of gambling activity have the responsibility for the problem-gambling and responsible-gaming strategies while in Nova Scotia and Quebec, their Ministries of Health perform this function.

In British Columbia, treatment- and community-outreach services are provided by both the public and private sectors. In Manitoba, treatment counsellors that are located throughout the Province and in one of the casino sites in Winnipeg offer advice and information on problem gambling. Manitoba has also completed a pilot project on the residential treatment of problem gamblers. In addition, software has been installed in all Video Lottery Terminals (VLTs) that provides information on how the machines operate and on gambling and problem-gambling issues.

In Nova Scotia, treatment services are available by telephone as well as in face-to-face individual and group sessions. Nova Scotia has introduced software in its VLTs that is similar to that adopted in Manitoba.

Quebec's health-care services are regionalized. Accordingly, funds for its problem-gambling strategy are made available to local regions that arrange for their own programs. There is currently a recommendation made by Loto-Quebec, the Government agency that operates the gambling facilities in the Province, that the problem-gambling strategy be moved from its current manager, the Ministry of Health and Social Services, and given to an independent agency that deals only with problem-gambling issues.

While there are problem-gambling programs in many of the states of the United States of America, relatively little money is spent on this activity. In 2003, more money was allocated for problem-gambling programs in Ontario than in all of the American states combined. However, significant research is being conducted on problem-gambling issues in the U.S., particularly at Harvard University. In addition, several of the gambling operators are becoming more pro-active in responsible-gaming matters and are introducing programs within their facilities to educate the public on problem gambling and to exclude those who gamble excessively.

Australia and New Zealand are recognized as innovators in the problem-gambling field. New South Wales has outlined a strategy to deal with problem gambling that includes a mass-media advertising campaign and a harm-minimization approach that provides for the strict regulation of advertising, signage and the technical standards of electronic-gaming machines. Queensland has developed a Responsible Gambling Code of Practice that has been adopted and applied by most gaming operators, including site holders at pubs and clubs that host VLTs. Victoria has incorporated a problem-gambling treatment service into its Helpline and has engaged in two broad media campaigns dealing with problem-gambling issues. Victoria has also created the office of Advocate for Responsible Gambling. The Advocate acts as a bridge between community concerns and Government initiatives, recognizing that government, industry and local communities have a role in encouraging responsible gambling.

New Zealand has increased its funding commitment to its problem-gambling strategy and has enacted omnibus legislation that deals with the growth of gambling and aimed at ensuring the fairness and integrity of the games offered and the prevention and minimization of harm caused by excessive gambling. It has developed a statutory funding formula that draws funds from those sectors of gambling activities that contribute the most numbers of problem gamblers. The operators of pubs and clubs that host VLTs are the largest contributors. New Zealand has introduced regulations that provide age restrictions on different types of gambling and it imposes a duty on the operators of casinos and VLT sites to develop and apply a policy for identifying problem gamblers and excluding them from their premises. Strict controls are also in place to deal with the size of prizes, the design and layout of gambling premises, the intensity of electronic-machine gambling and messaging as to the duration of gambling sessions and losses.

The following provides a comparison of problem-gambling funding in fiscal 2003-04 in millions of dollars (Canadian) and the allocation of that funding between the various components of the strategies

	TREATMENT	PREVENTION/ AWARENESS	RESEARCH	TOTAL
Ontario	$13.2 (60%)	$4.7 (22%)	$3.8 (18%)	$21.7
British Columbia	$ 1.6 (40%)	$1.0 (26%)	$0.3 (8%)	$ 4.0 (1)
Quebec	$10.5 (62%)	$5.0 (29%)	$1.5 (9%)	$17.0
Alberta(2)				$ 4.0
Manitoba	$ 1.1 (39%)	$1.5 (54%)	$0.2 (7%)	$ 2.8
Nova Scotia	$ 1.3 (73%)	$0.2 (10%)	$0.3 (17%)	$ 1.8
New South Wales	$ 6.0 (64%)	$3.0 (31%)	$0.5 (5%)	$ 9.5
Queensland(2)				$ 3.6
New Zealand	$ 7.9 (62%)	$3.8 (31%)	$0.9 (7%)	$12.6

(1) An additional $175,000 (4%) was spent on the Helpline and an additional $880,000 (22%) was spent on Administration that included head office expenses, a website, program development and training.

(2) A breakdown of the allocation was unavailable.

Ontario's financial commitment to its problem-gambling Strategy is the largest, not only in North America but also in the world. In fiscal 2003-04, it directed 1.2% of its net revenue from gambling to its Strategy, or $2.33 per capita of the general population. Quebec devotes fewer dollars to its strategy but it makes a slightly larger commitment than does

Ontario: - 1.23 % of net revenue from gambling, and $2.84 per capita.

Analysis and Recommendations

The Government's Commitment to the Problem-Gambling and Responsible-Gaming Strategy

Because the Government has proceeded by way of policy in determining on an annual basis whether to fund the problem-gambling Strategy and, if so, at what level, there is uncertainty and concern regarding the Government's commitment to it. This uncertainty has been re-enforced by the Government's decision not to flow to the Strategy all of the funds generated by the 2% formula in both fiscal 2002-03 and 2003-04.

In addition, the uncertainty resulting from funding decisions that are made on a year-to-year basis makes it impossible for stakeholders and service providers to plan over extended periods of time.

At the present time, it is impossible to determine whether the 2% allocation will generate sufficient funds to sustain the Strategy in the future. This will depend, in part, on the extent to which the recommendations contained in this Report are implemented and on the degree to which savings and efficiencies can be realized by adjusting existing programs. More funds will likely be required should the Strategy embark on a sustained social marketing-media campaign utilizing television advertising as will be recommended below. The existing formula provides sufficient or more than sufficient funds to adequately cover the Strategy as it now exists and no change in the formula is recommended except that the formula should be expressed as a "minimum". In order to confirm the Government's commitment to the Strategy, both the Strategy and the funding formula should be incorporated in legislation.

Accordingly, it is recommended that:

1. The Government of Ontario's commitment to the problem-gambling and responsible-gaming Strategy be enacted in legislation as an amendment to the Gaming Control Act.

2. The legislation should include a commitment to a funding formula for the Strategy, viz. a minimum of 2% of the annual gross slot machine revenue from slot machines (electronic gaming machines (E.G.M.s)) at charity casinos and racetracks.

3. The legislation should empower the Minister responsible for the body that develops and delivers the Strategy to direct that any surplus funds in a fiscal year be paid into the Consolidated Revenue Fund.

4. The legislation should provide that the problem-gambling accounts of the body responsible for the Strategy be audited annually by the Provincial Auditor or by another auditor appointed by the Lieutenant Governor in Council.

The New Problem-Gambling and Responsible-Gaming Strategy

Although there are elements of responsible gaming in all three components of the existing Strategy, viz. treatment, prevention/awareness and research, responsible gaming should be formally included in the new Strategy. In addition, a fourth component, consumer protection should be added to the Strategy in order to ensure that the public is protected from misleading and unsafe practices. The body responsible for the development and management of the new Strategy should develop a strategy within each of the four components and a strategy for integrating each component with the others.

The new Problem-Gambling and Responsible-Gaming Strategy should seek to promote two main objectives, viz. harm minimization and a culture of responsibility. The objective of harm minimization recognizes that legal gambling will remain part of our social fabric but that care must be taken to ensure that its negative consequences are minimized. Each of the four components of the new Strategy should be developed within the context of a harm-minimization approach. The objective of promoting a culture of responsibility speaks to a change in the culture of Government, gambling operators, manufacturers, stakeholders and the public, particularly gamblers. It also recognizes a shared obligation to deal with the harm that is created by excessive gambling and to promote safe gambling practices.

Accordingly, it is recommended that:

5. Responsible gaming should be joined to the existing problem-gambling Strategy and the new Strategy, the Problem-Gambling and Responsible-Gaming Strategy, should be comprised of four components, viz. treatment, prevention/awareness (education), research and consumer protection.

6. The new Strategy should seek to promote two main objectives, viz. harm minimization and the creation of a culture of responsibility.

7. Each component of the new Strategy should develop an internal strategy within the context of the objective of harm minimization. The objective of creating a culture of responsibility should be to integrate the components of the Strategy within an overall articulated policy framework and make it clear that all participants in the gambling enterprise, including gamblers, have a shared responsibility to promote harm minimization and safe, responsible-gaming practices.

The Body Responsible for the New Problem-Gambling and Responsible-Gaming Strategy

While the Mental Health and Addiction Branch of the Ministry of Health and Long-Term Care has done a commendable job in launching the problem-gambling Strategy, there are a number of reasons why the responsibility for its future development and management should be transferred to the Alcohol and Gaming Commission of Ontario, the regulator of most gambling activities within the Province.

The Ministry is in a position of conflict in being responsible for the allocation of the funding for the Strategy while, at the same time, being responsible for providing for the delivery of treatment services to the entire substance-abuse sector. Treatment funding for problem gamblers is provided to 47 community agencies that also have responsibility for treating substance-abuse clients that may or may not have a gambling problem. Additional funding also flows to 103 substance-abuse treatment agencies that do not treat any problem gamblers. The result is that the Ministry is able to discharge its obligations regarding substance-abuse treatment by using funds generated for the problem-gambling Strategy.

Treatment has become the Ministry's top priority. The treatment component of the problem-gambling Strategy has been over-funded to the detriment of the prevention/awareness component.

The new Strategy requires aggressive pro-activity that is as free as possible from bureaucratic restraints and from the limitations imposed as a result of being a very small part of a very large Ministry. The ethos of the Ministry and the Branch tends to be re-active rather than pro-active in nature. As the allocated budget for the Strategy currently represents only approximately 0.12% of this Ministry's overall budget, the Strategy is not dealt with as a high priority item at the Ministry level.

Both the Branch and the Ministry have not succeeded in acting as forceful advocates for the Strategy. This is evidenced by their failure to ensure that the full 2% allocation flowed to the Strategy in the two previous fiscal years. The Strategy requires a strong advocate that will single-mindedly advance the interests of problem gamblers and those who may become problem gamblers.

Finally, the Ministry is becoming more regionalized as evidenced by the creation of Local Health Integration Networks. This will create problems for agencies and stakeholders that are delivering programs or services on a province-wide basis and will lead to the fracturing of the delivery of such services and to duplication.

As a regulatory body, the Alcohol and Gaming Commission of Ontario is independent of the day-to-day involvement of government. It has the hallmarks of independence and a mandate to protect and promote the public interest. As the regulator of gaming, its responsibilities already include a mandate to ensure that gaming is conducted in a socially responsible manner.

Any Regulations and requirements that may be created by the Commission in managing the new Strategy can be enforced by it, and violations of requirements can lead to fines and license suspensions. Furthermore, in discharging all of its responsibilities with respect to regulating gambling, the Commission can do so in the context of its responsibility to deal with problem-gambling issues.

Accordingly, it is recommended that:

8. The overall responsibility for the new Problem-Gambling and Responsible-Gaming Strategy should be transferred from the Ministry of Health and Long-Term Care to the Alcohol and Gaming Commission of Ontario. The Alcohol and Gaming Regulation and Public Protection Act, 1996, should be amended to reflect this added responsibility of the Commission.

9. The annual allocation of funds generated by the 2% formula should be transferred from the Consolidated Revenue Fund to the Commission for the purposes of funding the Strategy, including its administrative costs.

10. The Commission should proceed to develop and implement the new Strategy taking into account the detailed recommendations contained in this Report.

The Treatment Component of the Strategy

The treatment component of the new Strategy requires an integrated approach that includes the utilization of the best available treatment methodologies, alternative and flexible delivery models, the collection of meaningful data, the assessment of treatment outcomes and a training program for counsellors that includes a certification program. The availability of treatment services should be based on needs assessment, and treatment counsellors must be accountable for their activities including any community outreach services that are performed.

Having regard to the number of clients presenting for treatment, an allocation of approximately $24M for treatment in fiscal 2004-05 is excessive.

A flexible delivery treatment model should include the use of community agencies as well as private practitioners on a fee-for-service basis. Consideration should be given to placing treatment counsellors in gambling locations in order to provide treatment information to patrons, crisis counselling and assistance with respect to the self-exclusion program. (On January 20, 2005, the Minister of Economic Development and Trade announced that treatment counsellors' offices would be located in the commercial-type casinos.)

Research should be undertaken or continued to determine the most effective treatment methods for special populations such as women, seniors, youth, and members of ethno-cultural communities and Aboriginals.

The Government should clarify its position and policy with respect to the use of funds ($4.2M in fiscal 2003-04 and $9.2M in fiscal 2004-05) for the purposes of dealing with cross-addictions and to address operational and service pressures in the substance-abuse treatment network. There should be an audit of funds required to treat clients with cross-addictions.

A comprehensive data management system should be put in place to capture information on treatment services. The Drug and Alcohol Treatment Information System (DATIS) should collect and disseminate the necessary data.

The Ontario Problem Gambling Helpline should continue to be an essential part of the treatment and information strategy. Funding should be provided to permit it to advertise its services including a broad media campaign. The name of the Helpline should be changed to the Gambling Helpline, and consideration should be given to broadening its services to include follow-up call backs and a chat-room on its website.

Accordingly, it is recommended that:

11. The treatment component of the Problem-Gambling and Responsible-Gaming Strategy should be comprised of an integrated, community-based approach that includes the utilization of the best available treatment methodologies, alternative and flexible delivery models, the collection and dissemination of meaningful data on client attendances, treatment-counsellor hours and outcome monitoring based on longitudinal studies with sound client follow-up procedures.

12. The availability of treatment services should be based on needs assessments, and the deliverers of treatment services must be accountable for all of their activities.

13. The funding of problem-gambling treatment services should take into account the data on the number of clients with gambling problems and the number of

clients with multiple addictions that include a gambling problem. Care should be taken to determine the number of clients with only substance-abuse problems that are being treated by problem-gambling counsellors. Once determined, funding commitments for the treatment of problem gamblers should be made for three-year periods, where appropriate.

14. Treatment services may be delivered by clinicians in established community agencies and/or by private practitioners. The client caseload of an FTE treatment counsellor in an agency should established at 120 clients per year based on an average of six to eight hours per individual client. Private practitioners when utilized should be paid on a fee-for-service basis.

15. If treatment counsellors are performing community outreach services, the time spent on community outreach should be monitored and taken into account in determining a counsellor's client-caseload requirements.

16. The Commission should explore the use of alternative/additional methods of delivering treatment services such as the use of the telephone, the internet and residential treatment. Consideration should be given to placing treatment counsellors in gambling locations such as commercial-type casinos, charity casinos and

Slots-at-Racetracks locations. Pilot projects should be utilized (or continued) for the purposes of exploring these possibilities. The experiences in other jurisdictions should be assessed and, if necessary, directed research projects should be undertaken.

17. Directed research should be undertaken (or continued) to determine the most effective ways of treating problem gamblers who are women, seniors, youth, young adults, members of ethno-cultural communities and Aboriginals. Needs assessments should be undertaken to determine the treatment requirements for each special group. The experience of other jurisdictions should be considered with a view to adopting best practices.

18. In the case of Aboriginals and ethno-cultural communities, attention should be directed to the cultural, linguistic and social characteristics of various groups, and consideration should be given to providing treatment services that take into account the uniqueness of each group.

19. The Commission should consider funding longitudinal directed research for the purposes of assessing the results of treatment being provided to both the general and special population groups such as youth, young adults, women, seniors, ethno-cultural communities and

Aboriginals. Data should be collected on a continuous basis on treatment outcomes.

20. Treatment techniques and models should continue to be monitored on an ongoing basis in order to ensure that Ontario is utilizing best-treatment practices

21. Wherever possible, problem-gambling treatment facilities should be integrated with financial, family and employment counselling services so that the client can be treated in a holistic manner. In addition, the network of problem-gambling treatment locations should be commonly branded so that they are readily identifiable.

22. The Government should clarify its position and policy with respect to the use of funds ($9.2M in fiscal 2004-05) generated by the 2% formula for the purposes of dealing with problem-gambling clients who also have multiple-addictions and to address operational and service pressures in the substance-abuse treatment network. Needs assessments and audits are required with respect to the current use of such funds, including a determination of the number of cross-addiction clients being treated.

23. The Centre for Addiction and Mental Health should continue to take the lead in developing and delivering training programs for problem-gambling counsellors and

allied professionals. It should develop an accreditation system for problem-gambling treatment counsellors that includes continuing education requirements and periodic re-certification. In time, only accredited counsellors should be entitled to deliver problem-gambling treatment services.

24. Funding should be available to support the attendance of treatment professionals at conferences that address treatment issues. Treatment professionals should be encouraged or required to attend such conferences.

25. The Drug and Alcohol Treatment Information System should continue to collect and disseminate the necessary data on the treatment of problem gamblers, their spouses, families, friends and employers. The funding of DATIS should be based on an audit of the costs related to this function in order to ensure that Strategy dollars are not being directed to DATIS's other responsibilities.

26. A data management system should be put in place that includes statistics on the number of problem-gambling clients treated, the number of persons related to problem gamblers that have been counselled, the number of hours spent by counsellors with clients and others, whether the clients were seen individually or in group sessions and for how many hours, whether clients received counselling by

telephone and, if so, for how many hours and whether the problem-gambling client had multiple addictions and, if so, whether problem gambling was the primary diagnosis.

27. Data should also be collected to determine the time that is being spent by problem-gambling treatment counsellors on treating substance-abuse clients that have no gambling problem.

28. The Ontario Problem Gambling Helpline should be seen as an essential component of an overall information strategy. Funding should be provided to permit the broadest dissemination of the Helpline telephone number and information on the services that it provides, including the use of a broad social-marketing media campaign. Regulations should be enacted that require the providers of gambling services to distribute information about the Helpline including its telephone number, in accessible places and in prominent manners.

29. Consideration should be given to broadening the services provided by the Helpline to include a program of call-backs and a chat-room on its website.

30. The name of the Problem Gambling Helpline should be changed to The Gambling Helpline.

The Prevention/Awareness Component of the Strategy

Greater emphasis should be placed on the prevention/awareness component of the new Strategy. It is essential that the public be aware of what constitutes problem gambling and its negative consequences and that treatment services are available. The public should also be educated on gambling in general and how to develop responsible-gaming practices. Members of the public should be provided with sufficient information to permit informed choices as to whether to gamble and, if so, how to gamble responsibly. Once an audit determines how much funding is actually required for problem-gambling treatment, funds should be moved from the treatment component to the prevention/awareness component of the new Strategy to permit its mandate to expand.

A province-wide strategy consisting of consistent messaging should be implemented. The Commission should determine priorities and high on its list should be a media social-marketing campaign. The Commission should consider partnering with the Responsible Gambling Council - Ontario and the Ontario Lottery and Gaming Corporation in the development and delivery of this campaign. The Commission should also launch the media campaign directed at youth and young adults that has been developed by the Responsible Gambling Council. (On January 20, 2005, the Minister of Economic Development and Trade announced that $4M would be spent over the next two years to deliver a social-marketing campaign.)

The programs and materials prepared and offered in the prevention/awareness component of the Strategy should be coordinated. Messaging should include information on the risks of excessive gambling, the odds of winning and dispelling myths on gambling practices.

Community outreach services should be provided on a flexible basis that includes the employment of treatment agencies and/or other service providers on a fee-for-service basis. Service providers should receive training from the Centre for Addiction and Mental Health. The special needs and characteristics of specific population groups such as seniors, women, youth, young adults, ethno-cultural communities and Aboriginals should be considered when developing programs and materials.

Consideration should be given to requiring that promotional advertising of gambling must include messaging regarding problem gambling and responsible gaming.

Voluntary self-exclusions programs should be continued but their emphasis should shift to assisting self-excluded patrons by providing information on treatment and on gambling, problem gambling and responsible-gaming practices. Before a self-excluded person is permitted re-entry to a gambling site, he or she should be required to take a course on these issues.

The information generated by player-rewards programs should be used to monitor the play of registered players and to deliver information on gambling, problem gambling and responsible-gaming practices to them where appropriate. In addition, the employees of gaming operators who have contact with patrons in the course of gambling should receive training on the above issues.

So as to enable the Strategy to effectively reach lottery players (and for other reasons), the lotteries should be regulated. Lottery-ticket agents should be licensed and trained on problem-gambling and responsible-gaming issues. Information should be disseminated to lottery players such as the odds of winning and dispelling myths regarding the results of gambling.

Accordingly, it is recommended that:

31. The Commission should develop a Province-wide strategy and campaign designed to educate and inform the public on gambling, problem-gambling and responsible-gaming practices. The objectives of the strategy should include familiarizing the public with the realities associated with excessive gambling, the nature of and the negative consequences and risks of problem gambling, the availability of treatment services to deal with problem

gamblers and their families and the techniques for gambling responsibly.

32. The prevention/awareness component of the Strategy should be designed to provide those who engage in gambling with adequate information to permit them to make informed choices. Its objective should be to minimize the likelihood that non-problem, low-risk and moderate-risk gamblers would become problem gamblers and suffer the potential negative consequences.

33. Funds, in an amount to be determined by the Commission, should be moved from the treatment component of the Strategy in order to adequately fund programs that deal with prevention/awareness. Care should be taken to ensure that the treatment component maintains a modest reserve of funding to deal with any increases in the demand for services that may result from an enhanced information and education effort.

34. The Commission should coordinate the programs and materials prepared and offered in the prevention/awareness component of the Strategy including those offered by the OLGC so as to create a unified approach and cost efficiencies and to avoid duplication of effort. The messaging should be consistent no matter the presenter.

35. The Commission should consider utilizing the services of the Responsible Gambling Council - Ontario as a key stakeholder in the development and delivery of programs on problem gambling and responsible gaming in the community at large. Funding for the Responsible Gambling Council - Ontario should be established on a three-year basis in order to provide for continuity in programming and long-term planning.

36. The Commission should consider providing community-outreach services on a flexible basis that could include the employment of treatment agencies or others on a contract and/or fee-for-service basis.

37. The Centre for Addictions and Mental Health should continue to train treatment counsellors and/other service providers who are providing community outreach services.

38. Based on the results of sound research, much of which is yet to be conducted, prevention/awareness programs should be developed taking into account the special needs and characteristics of special population groups such as seniors, women, youth, young adults, ethno-cultural communities and Aboriginals. As a high priority, consideration should also be given to providing programs to children in the primary and secondary school systems.

39. When developing programs directed at specific population groups, the Commission should consult with stakeholders that are already active in this area such as the YMCA and the University of Toronto for youth, and the Aboriginal umbrella organizations that are assisting Aboriginal communities in this respect.

40. Information provided on gambling, problem gambling and responsible gaming should be consistent no matter the medium, the audience and the information provider. The overall information strategy should be overseen by the Commission.

41. The Commission should consider seeking the enactment of Regulations under the Gaming Control Act that would make different types of gambling, problem-gambling and responsible-gaming messaging mandatory. In particular, the Regulations should require the OLGC to include messaging regarding problem gambling and/or responsible gaming in its promotional advertising.

42. The Commission should consider including in the information it provides, the odds of winning at different games, dispelling the myths about the likelihood of positive life-style changes resulting from gambling and

how electronic gaming machines operate and are programmed.

43. The Commission should establish as an early and high priority the development of a broad media social-marketing campaign designed to deal with gambling, problem-gambling and responsible-gaming issues. It should consider focusing parts of the campaign on specific populations such as seniors, women and youth. It should also consider launching the media campaign developed by the Responsible Gambling Council - Ontario dealing with youth and young adults.

44. The Commission should develop a website dealing with all aspects of the new Problem-Gambling and Responsible-Gaming Strategy

45. The Commission should consider broadening even further the responsibilities of the Helpline to include the capability of providing information to the general public on gambling, other problem-gambling and responsible-gaming issues. Once the role of the Helpline is established and broadened, the Commission should consider funding this service on a three-year basis in order to provide for continuity in the services provided and long-range planning.

46. The Commission should consider seeking amendments to the Gaming Control Act that require the OLGC to include in its promotional advertising messaging regarding gambling, problem gambling and responsible gaming.

47. Voluntary self-exclusion programs should be maintained, but the emphasis should shift to assisting self-excluded patrons by providing them with information on gambling, problem-gambling and responsible-gaming practices. Before a self-excluded patron is re-admitted to a gambling site, he or she should be required to take a course on the above issues that will be offered by a stakeholder to be determined by the Commission. Self-excluded persons should not be entitled to any winnings as a result of attending at a gaming site during the period of exclusion.

48. The Commission should consider the enactment of Regulations that would require the OLGC to monitor the play of patrons registered in a players' reward program and to forward information to them on gambling, problem-gambling and responsible-gaming issues in a format and at a time to be determined by the Commission.

49. All gaming operators and their employees who have contact with patrons engaged in gambling should receive training on gambling, problem gambling and responsible-

gaming practices. Training should be mandatory and a requisite of licensing. The Commission should determine who should provide the training and should approve the format and content of training programs.

50. The Government should consider amendments to the Gaming Control Act that would give the Alcohol and Gaming Commission of Ontario the jurisdiction to regulate lotteries.

51. All lottery ticket agents should be licensed by the Commission. The Commission should determine the nature and form of the information on gambling, problem gambling and responsible-gaming practices that should be available to purchasers of lottery tickets and the manner in which that information should be communicated.

52. A training program for lottery-ticket agents should be developed and approved by the Commission. Participation in the program should be a requisite of licensing of lottery-ticket agents, and it should be delivered by a stakeholder to be determined by the Commission.

53. All of the programs and initiatives in the prevention/awareness component of the Strategy should be monitored and evaluated and part of the funding for each such program and initiative should be dedicated to evaluation.

The Research Component of the Strategy

The research component of the new Strategy requires the development of an internal strategy that prioritizes research needs. The strategy should be more relevant to policy development and to the implementation of practices and programs in the areas of treatment, prevention/awareness and consumer protection.

The Ontario Problem Gambling Research Centre has recently proposed a five-point plan for research spread out over a five-to-ten year period. The plan proposes to seek the confirmation of the Government's commitment to the new Strategy, develop an implementation plan designed to protect the public from harm and ensure the sustainability of gambling revenues, identify a lead authority to carry the plan forward, allocate stable resources to key agencies and establish oversight and accountability.

The Centre has also proposed that prevention initiatives should be based on a theoretical framework that begins with the identification of the causes of problem-gambling behaviour through research. Desired outcomes in behavioural change should be identified and prevention programs should be designed with a view to achieving these outcomes. Research should be utilized in order to determine whether desired outcomes have been achieved and, if not, programs should be modified in accordance with the findings.

Up to the present time, much of the research being conducted was in the treatment sector. There should be a shift in the focus of research to the prevention/awareness component of the new Strategy so that the Commission can develop and implement the best practices for informing and educating specific populations and the public at large on gambling, problem gambling and responsible-gaming practices.

Research should include social impact studies on the effect of the opening of new gaming facilities or the substantial expansion of existing gaming opportunities. Where possible, this research should precede such steps being taken.

Accordingly, it is recommended that:

54. The Commission, in consultation with the Ontario Problem Gambling Research Centre and others, should develop a strategy for dealing with research. That strategy should prioritize research needs. The research strategy should be more relevant to policy development, the

measurement of outcomes, future planning, resource allocation and to the implementation of practices and programs in the fields of treatment, prevention/awareness and consumer protection.

55. There should be a shift in the focus of research from treatment to prevention/awareness and consumer protection. Research should assist in determining best practices for informing and educating specific populations such as youth, young adults, seniors, women, ethno-cultural and Aboriginal communities as well as the public at large.

56. Where relevant, researchers should have better access to gamblers at gambling sites and to data collected about them on an anonymous basis.

57. Wherever possible, social-impact studies should precede the opening of new gaming facilities or the substantial expansion of gaming opportunities.

58. Greater emphasis should be placed on developing partnerships with other provinces and countries on research projects.

The Consumer Protection Component of the Strategy

An element of consumer protection already exists in the regulation of gaming. The Alcohol and Gaming Commission of Ontario now plays a role in controlling the advertising of gambling services, the extension of credit to gamblers, the approval of all games of chance, including electronic gaming machine, and prohibiting gambling by minors.

However, with the increased sophistication that is now applied to the manufacturing and programming of gaming machines, special care should be taken to protect the public by eliminating unsafe and dangerous practices. In addition, care should be taken to ensure that promotional advertising of gambling is fair, accurate and not misleading, particularly in the case of lotteries.

Accordingly, it is recommended that:

59. The Commission should determine through directed research whether electronic gaming machines are designed to encourage unsafe and addictive behaviour and, if so, it should remove such features of the machines. In addition, the Commission should determine whether the design of such machines contains features that mislead the player as to his or her chances of winning or controlling play.

60. The Commission should determine through directed research whether the design of gaming premises encourages unsafe and addictive behaviour and, if so, to require that any such features be removed.

61. The Commission should vigorously monitor and enforce the existing limits on advertising, particularly advertising that "implies that playing games of chance promotes or is required for … financial success or the resolution of any economic, social or personal problem."

62. The day-to-day operators of the commercial-type casinos should be vigilant in monitoring the credit history of patrons to whom credit is advanced so as to ensure that he or she has the financial means to support his or her gaming activities and, where appropriate, provide the patron with information on problem gambling and responsible-gaming practices.

63. At the present time, Automatic Teller Machines should continue to be available at gaming locations but not on the gaming floor.

64. The Commission should vigorously enforce the prohibition of the sale of lottery tickets to or for the use of minors and should remove the license of lottery-ticket agents who offend these rules.

The Integration of the Four Components of the New Problem-Gambling and Responsible-Gaming Strategy

In the past, too little attention has been given to the overall planning of the problem-gambling Strategy and particularly the impact of decisions being made within each of its components on the others. This has resulted in a "silo" mentality rather than on promoting a culture of shared and joint responsibility for the design and implementation of the strategies and procedures. This has also led to limited contact and consultation among those involved within each component of the Strategy and with its manager.

Accordingly, it is recommended that:

65. When making decisions, the Commission should consider the impact of each decision on and its relationship to each component of the Strategy, viz. treatment, prevention/awareness, research and consumer protection.

66. The Commission should promote a culture of responsibility so that government, those engaged within each component of the Strategy, manufacturers, gamblers and the public at large share joint responsibility in contributing to the outcomes of the programs and strategies that are implemented. In addition, the

Commission should consider establishing an inter-ministerial advisory committee that may include stakeholders, where appropriate, so as to ensure the broadest input and co-operation possible.

Horseracing and Bingo

Very little attention has been paid to problem-gambling and responsible-gaming issues in both the horseracing and bingo sectors. Horseracing is regulated by the Ontario Racing Commission that reports to the Minister of Consumer and Business Services. This Ministry should be asked to consider directing the Racing Commission to co-operate with the Alcohol and Gaming Commission in the development and introduction of a problem-gambling and responsible-gaming strategy suitable for the horseracing industry.

The Alcohol and Gaming Commission already has a regulatory role in the bingo sector. It should consider introducing a similar strategy suitable to the bingo industry.

Accordingly, it is recommended that:

67. The Ministry of Consumer and Business Services should consider directing the Ontario Racing Commission to co-operate with the Alcohol and Gaming Commission of Ontario and develop and introduce a problem-gambling

and responsible-gaming strategy suitable for the horseracing industry of Ontario utilizing the features of the new Problem-Gambling and Responsible-Gaming Strategy where applicable.

68. The Alcohol and Gaming Commission of Ontario should consider introducing a problem-gambling and responsible-gaming strategy suitable for the bingo industry of Ontario utilizing the features of the new Problem-Gambling and Responsible-Gaming Strategy where applicable.

Technology and the Internet

As in many other areas, technology has had an enormous impact on the entire gaming industry. Technology can both contribute to and ameliorate the likelihood of developing gambling problems and its potential uses have already been noted.

Technology permits individuals to participate in gambling from their own homes. Television signals and telephone-account wagering permit horseracing patrons to wager from home. The Atlantic Provinces have introduced the on-line purchase of lottery products. And, most significantly, many individuals are playing poker on-line utilizing the services of off-shore internet gaming sites.

Accordingly, special attention must be given to reaching members of the public who do not attend destination gambling sites so that they have access to information about gambling, problem gambling and responsible-gaming practices.

Finally, consideration should be given to the potential impact on problem gambling of any new technological innovations in the gaming industry that are being considered.

Accordingly, it is recommended that:

69. The design and delivery of prevention/awareness strategies and programs should take into account their potential impact on gamblers that participate in on-line gambling.

70. Prior to the adoption of any new technological innovations in gaming, consideration should be given to their potential impact on problem gambling.

Problem Gambling and Suicides

There has been increasing public and media interest in the number of suicides that can be related to problem gambling. At the present time, there is no one responsible for gathering and analyzing such information. The Commission should request the Ontario Coroners

Office to assist in implementing a system for the purposes of tracking problem-gambling related suicides.

Accordingly, it is recommended that:

71. The Commission should recommend a system for tracking problem-gambling-related suicides.

The Disclosure of this Report

There has been considerable interest by the public, the media and by stakeholders in the problem-gambling sector in this study. In keeping with the earlier recommendations regarding transparency, it is recommended that:

72. This Report in its entirety should be released to the public for comment and input.

REPORT
TO THE ONTARIO
MINISTRY OF HEALTH AND LONG-TERM CARE
AND THE
MINISTRY OF ECONOMIC DEVELOPMENT AND TRADE

REVIEW OF THE PROBLEM-GAMBLING AND RESPONSIBLE-GAMING STRATEGY OF THE GOVERNMENT OF ONTARIO

By Stanley Sadinsky Q.C

March, 2005

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INTRODUCTION

The Government of Ontario has decided to review the problem-gambling and responsible-gaming strategy in the Province. With the maturing of the gaming industry in Ontario and the changing environment in which gambling can be conducted, it is important to undertake an overall assessment of the gaming industry. An important objective is to ensure that gaming is offered in a responsible manner and that those with gambling problems and those at risk of developing such problems are well provided for.

The two Ministries that are most directly involved in the problem-gambling and responsible-gaming strategy are the Ministry of Health and Long-Term Care (MOHLTC) and the Ministry of Economic Development and Trade (MEDT). The MOHLTC is responsible for the implementation of the Comprehensive Strategy for the Treatment, Prevention and Research of problem gambling. The MEDT is responsible for gaming policy, the administration of the Ontario Lottery and Gaming Corporation Act and the identification of funding for the problem-gambling strategy. The Government believes that by undertaking a review of both components and the Ministries' respective roles and responsibilities, Ontario will be well positioned to move forward.

Ontario's problem-gambling Strategy has been in existence since 1996. Since 1999, it has been funded by a formula of 2% of gross slot machine revenue from charity casinos and slots at racetracks. The Strategy has a three-pronged approach consisting of treatment, prevention/awareness and research. After eight years of operation, the annual financial allocation for the Strategy has increased from $1M to over $36M, together with a multi-faceted strategy that involves many service providers and initiatives. The Government has now decided that an overall review that combines a review of the problem-gambling and responsible-gaming Strategy is timely.

This study is designed to provide the Government with advice on problem gambling and responsible gaming. Its Terms of Reference include the following:

1. To identify and describe the current structure, role, funding arrangement and programs of the partners, stakeholders, operators and administrative agencies in the area of problem gambling and responsible gaming in Ontario;

2. To conduct an inter-jurisdictional review of what other selected jurisdictions are doing, including the identification of evidence-based practices and the resources available to them and resource allocation among the various components of the Strategy;

3. To assess the existing problem-gambling Strategy and responsible gaming in Ontario and the funding levels from all sources available;

4. To identify, where possible, the results achievable through the components of the current Strategy in Ontario including an assessment of value for money; and

5. To recommend the future roles of the partners, stakeholders, operators, transfer payment agencies and Ministries in the delivery of the problem-gambling and responsible-gaming Strategy and the programs associated with it.

THE GAMBLING ENVIRONMENT IN ONTARIO AND THE INTRODUCTION OF THE PROBLEM-GAMBLING STRATEGY

Prior to 1994, legalized gambling in Ontario consisted of lotteries, pari-mutuel wagering on horse racing and licensed bingo, raffle and Monte Carlo events for charitable purposes. Apart from providing for the licensing and regulation of most of these activities, the Government of Ontario did not actively participate in the operation or delivery of gambling products except for provincial lotteries. In 1985, the federal government withdrew from the lottery business, and provincial lottery activities in Ontario and elsewhere in Canada expanded considerably. Lotteries in Ontario were operated by the Ontario Lottery Corporation (OLC) that functioned under the provisions of the Ontario Lottery Corporation Act.

In 1992, the government of Ontario commenced planning for its first commercial-type casino, and the temporary casino at Windsor opened in 1994. This was facilitated by the creation of the Ontario Casino Corporation (OCC) to conduct and manage the facility, and the Corporation functioned under the provisions of the Ontario Casino Corporation Act. In 1996, the Province opened commercial casinos in Orillia (Rama) and Niagara Falls, Ontario.

At about the same time, the number of licensed two- and three-day roving Monte-Carlo-type events proliferated throughout the Province. These events were sponsored by local charities, licensed by municipalities and operated by private operators on behalf of the charities. The events were virtually impossible to regulate effectively, and many problems arose in relation to their operations and due to diminishing returns to the charities involved. As a result, the Government began to consider the elimination of these Monte Carlo events, their replacement with 44 Government-owned-and-operated charity casinos and by the introduction of video lottery machines (VLTs) at racetracks. Thought was also given to the eventual introduction of VLTs in bars and restaurants. All of these new operations would be conducted and managed by the OCC.

In late 1996 with three commercial-type casinos in place and with the possibility of expansion with charity casinos and VLTs at racetracks, the Government approved the development of a comprehensive Strategy for the prevention, treatment and research of problem gambling in Ontario. The Ministry of Health (MOH) was given the responsibility for developing and managing this Strategy and, initially, fixed annual dollar amounts ($1M in 1996 increasing to $3.5M by 1998) were made available for this purpose.

As early as 1996, it was contemplated that the necessary funding for the Strategy would eventually come from 2% of the revenue generated from the VLTs that would be phased in. It was also expected that the Substance Abuse Bureau of the MOH would develop the Strategy and that the Strategy would include treatment, prevention/awareness and research initiatives. The Strategy would be developed in consultation with representatives of agencies currently active in the treatment of addictions and in prevention/awareness and education. It was expected that the Strategy would be implemented over a three-year period (1996-99) and that approximately 65% of the available funding would go for treatment, 25% for prevention/awareness and 10% for research.

The MOH proceeded to put the problem-gambling Strategy in place. It expanded the role of some of the existing substance-abuse treatment agencies by giving them the responsibility to treat problem gamblers as well. It issued Requests for Proposals for the delivery of prevention/awareness services and research. It did a remarkable job in becoming operational in a relatively short period of time, and as funding increased, it expanded the network.

In June 1998, the Government altered its strategy for charity casinos. The proposed 44 sites were downscaled to four but the slot (not VLT) program at racetracks proceeded. At this time, the Government formally announced that 2% of the gross slot revenue from slot machines at the charity casinos and racetracks with a minimum of $10M per year would now fund the problem-gambling Strategy. The new formula generated an allotment of approximately $10M in 1999-2000 and reached approximately $36M in 2004.

By 2004, one additional commercial-type casino had opened and there were 16 Slots at Racetrack programs in operation. Net revenue to the Province from gaming operated by the Province increased from approximately $1.2B in 1998 to approximately $1.9B by 2004.

In 2000, the OLC and OCC were merged into the Ontario Lottery and Gaming Corporation (OLGC). It now conducts and manages four commercial casinos, six charity casinos and 16 Slots at Racetracks programs as well as the lotteries and a linked electronic bingo game.

The Ministry of Health and Long-Term Care (MOHLTC) remains responsible for the development and management of the problem-gambling Strategy. It funds approximately 60 treatment, prevention/awareness and research facilities in Ontario who together deliver the programs.

A responsible-gaming strategy has never been articulated by the Government. However, responsible gaming has always been an element of each component of the problem-gambling Strategy, particularly in the area of prevention/awareness. This component of the Strategy not only deals with assisting the public in being aware of the existence of treatment and other services but also seeks to educate the public on the risks of problem gambling and how to gamble responsibly. In addition, the Ontario Lottery and Gaming Corporation has undertaken its own program dealing with responsible gaming. The OLGC is required to operate in the public interest and to deliver its products and services in a socially responsible manner. Furthermore, its regulator, the Alcohol and Gaming Commission of Ontario, has the responsibility of overseeing the manner in which the Corporation advertises, extends credit and operates a self-exclusion program for patrons. The Commission must also approve all equipment (including electronic gaming machines) and all games of chance that are offered. Accordingly, responsible gaming is an area shared by the Ministry of Health and Long-Term Care that manages the problem-gambling Strategy, by the OLGC and by its regulator.

Gambling has proven to be a very popular activity for Ontarians. In the past year, approximately 83% of adults took part in some form of legalized gambling. The highest participation rate is in the purchase of lottery product (64%). While the results of prevalence studies vary, they indicate that approximately .9% of adults in Ontario that gamble (64,500 people) have a serious gambling addiction problem. An additional 3.9% (288,000 people) are at moderate to high risk of becoming problem gamblers. A serious gambling problem not only affects the gambler but often impacts on his or her family members, friends, co-workers and others.

Assuming that these prevalence studies are reasonably accurate, it is important to note that approximately 95% of adults in Ontario that gamble do so in a responsible manner. They view gambling as an enjoyable form of entertainment and recreation.

There is no doubt that a well developed and managed problem-gambling and responsible-gaming Strategy is a social necessity. In addition, an effective Strategy is vital for the long-term sustainability of an economically vibrant industry operated and managed by the Government that currently employs approximately 22,000 people.

I THE PARTNERS, STAKEHOLDERS, OPERATORS AND TRANSFER PAYMENT AGENCIES

The Government of Ontario - Cabinet, Management Board of Cabinet

The comprehensive Strategy for treatment, prevention/awareness and research of problem gambling in Ontario was first introduced as a matter of Government policy rather than by way of legislation. When it was revised in 1998, this was a policy decision as well. A subsequent policy decision also lead to the re-allocation of a portion of the 2% Gross Charity Casino and Race Track Slot Machine Revenue (up to $5M per year) which could be used for substance-abuse treatment (alcohol and drugs), recognizing the existence of cross-addiction between gambling- and substance-abuse addictions.

As a result of adopting a policy approach, the Government must consider the ongoing funding for the problem-gambling Strategy through the annual results-based planning process. The decision is formalized in the Budget document that is approved by Cabinet on the advice of Management Board and the Ministry of Finance. For the fiscal year 2004-05, the same 2% funding formula has been employed and $36.65M has been allocated for programs that support the problem-gambling Strategy.

Except in election years, the Ontario Budget is usually delivered in June for the fiscal year that has already begun on the previous April 1st. In October of the preceding year, the Ministry of Economic Development and Trade would advise Management Board of Cabinet what the 2% formula will likely generate in the upcoming fiscal year.

In the autumn, the MOHLTC would also provide Management Board with a Business Plan that would include the program funding for the Strategy for the next fiscal year with recommendations as to what the budget allocation should be. Management Board would then work with the Treasurer of Ontario on what would become the final Budget.

After the Budget is delivered and the allocation is made known for the Strategy, each of the agencies participating in the delivery of the problem-gambling and responsible-gaming programs submits to the MOHLTC an Operating Plan and budget request for the current fiscal year. In approximately September, the Ministry advises the agencies of their respective funding approvals.

What has become clear is that the allocation that is made for each fiscal year for problem-gambling and responsible-gaming programs does not necessarily reflect the dollars that actually flow to the MOHLTC in order to fund the Strategy. For example, in fiscal 2003-04, just under $36M was allocated for the Strategy yet only $21.7M was released. The balance of some $14M was held back. A similar situation, albeit involving a lesser holdback, occurred in fiscal 2002-03. Officials at the MOHLTC advise that the decision to hold back came from Management Board. In fiscal 2003-04, the MOHLTC made submissions to Management Board for the release of $5M of the holdback in order to enhance services and projects in treatment, prevention/awareness and research but these were rejected. The MOHLTC did not apply for the release of the full holdback because it was deemed critical by MOHLTC to defer a significant portion of the holdback funds to address high priority Ministry pressures. The holdback funds simply constituted 'savings' by the Ministry and remained in the Consolidated Revenue Fund.

As of the time of writing, it appears that the Government will release the full allocation for fiscal 2004-05 of $36.65M.

The Ministry of Health and Long-Term Care (MOHLTC)

The MOHLTC is a huge Ministry with an annual budget approaching $30B. Within the Ministry, the problem-gambling Strategy has been given to the Mental Health and Addiction Branch that, in turn, falls within the Community Health portfolio. The overall budget of the Community Health portfolio is approximately $5B. The budget of the Mental Health and Addiction Branch is currently over $500M, with approximately $100M allocated for substance-abuse activities and an additional $36M for problem gambling. This latter amount represents the funds generated by the 2% formula. The funding available for substance abuse has been relatively stable for the past 12 years.

As its name suggests, the Mental Health and Addiction Branch is responsible for a large number of programs in the areas of mental health and substance abuse. The addiction program funds approximately 150 treatment facilities in Ontario, 47 of which have been given the mandate to deliver treatment services for problem gamblers. The Branch has a total of 11 full-time employees of whom approximately four Full Time Equivalent employees (FTEs) deal with gambling issues. In addition, regional Ministry consultant staff located in eight regional offices throughout the Province deal with operational issues related to local agencies in their respective areas. The Branch also receives services from other branches within the Ministry such as finance and communications.

The time spent on gambling matters by each regional consultant is relatively small but because of his or her involvement in other mental-health and substance-abuse issues in the Region, the problem-gambling Strategy is dealt with in the context of an integrated service system.

Prior to being handed the management of the problem-gambling Strategy, the Branch's principal focus was on the treatment of those with mental health problems and those who abused alcohol and drugs. In order to deal with the gambling Strategy, it defined its mandate in this area as follows:

i) Reduce or eliminate addictive problem-gambling behavior through the provision of treatment services;

ii) Prevent gambling problems through public education and early identification of people with gambling problems; and

iii) Research the most effective methods of preventing and treating gambling addiction, as well as monitoring the impact of gambling activities.

The Branch has integrated the treatment of gambling problems into the existing mental health and addictions treatment structure. It has increased the funding of community treatment agencies in order to accommodate this added responsibility. The additional funds come from the 2% allocation.

To deal with prevention and education, the Branch funds a number of Province-wide agencies including the Responsible Gambling Council - Ontario (RGCO), the Ontario Problem Gambling Help Line (OPGH), the YMCA and the University of Toronto Problem Gambling Prevention Program for Youth. It also funds at the regional level Aboriginal provincial territorial organizations and Independent First Nations and special population groups such as the Italian Community Treatment Program at COSTI Immigration Services.

To deal with research, the Branch primarily funds the Ontario Problem Gambling Research Centre (OPGRC) located in Guelph. More will be said about these transfer-payment agencies below.

In addition, the Branch directs funds to existing infrastructure programs such as the Drug and Alcohol Treatment Information System (DATIS). This system gathers and utilizes data on clients with substance-abuse and gambling problems.

As noted above, in fiscal 2003-04, some $36M was allocated for the problem-gambling Strategy while only $21.7M was made available. The Branch re-allocated the available funds approximately as follows:

Treatment (including $4.2M for multiple addictions)	$13.2M	(60%)
Prevention/Awareness	4.7M	(22%)
Research	3.8M	(18%)
Total	$21.7M	(100%)

In fiscal 2003-04, the budgeted amount of $21.7M was allocated approximately as follows:

47 treatment agencies	$ 12,000,000
Centre for Addiction and Mental Health	670,000
Responsible Gambling Council – Ontario	1,900,000
Ontario Problem Gambling Helpline	500,000
University of Toronto	130,000
YMCA of Ontario	1,520,000
Aboriginal Gambling	1,000,000
Research	3,800,000
Total:	$ 21,520,000

In part because of the uncertainty as to the amount of money that will actually flow to the MOHLTC each year, the Branch has divided the funding to the Prevention/Awareness and Research agencies between 'base' funding and 'one-time' project funding. Base funding is designed to cover the operating costs of the agency insofar as they relate to problem-gambling and responsible-gaming matters and to some established programs. Unless the Government decides to cancel the entire problem-gambling Strategy or an agency breaches its Transfer Payment Agreement with the Ministry, the recipients of base funding can rely on at least the same amount as was received in the previous fiscal year. Requests for increases to base funding are the subject of separate applications.

On the other hand, one-time funding is for special projects and requires a separate application to the Branch each year. The Branch has identified treatment as its first priority and, accordingly, has provided only base funding to all of the treatment agencies. By utilizing the 'base funding/one-time project funding' distinction, the Branch retains the flexibility to move funds to treatment by limiting the one-time project funding if the need exists.

In the spring of each year the Branch invites applications for funding from the existing funded agencies for the fiscal year that already commenced on April 1st. The applications are due in the early summer usually prior to the Provincial Budget. The Branch has developed an Operating Manual that guides the applicant as to the Branch's requirements. The agency submits an Operating Plan that reviews its operations in the preceding fiscal year and sets out its plan for the current year. It also accounts for the funds that it spent in the prior fiscal year and submits a base budget request for the current year. Prior to receiving an Operating Plan, the Branch and/or the regional offices have a good idea as to what the agency intends to apply for as there is ongoing contact and dialogue throughout the year.

It is only after the Government's Budget is announced in June and the funding for programs is determined that the MOHLTC and, in this case, the Branch can advise the applicants as to the amount of its budget that has been approved. Applicants are usually advised as to the amount of their funding in September, roughly half way through the fiscal year.

As indicated above, applications for one-time funding projects are separate from applications for base funding but usually come to the Branch at about the same time. Again, it is approximately half way through the fiscal year when agencies are formally advised whether applications for one-time funding have been approved.

Depending on the nature of the project, an application for one-time funding is circulated broadly within the MOHLTC and, on occasion, elsewhere in Government for approval (known as 'sign-off'). This can include the Ministry's fiscal strategy, finance and communications branches as well as the Assistant Deputy Minister, the Deputy Minister, the Minister and, on rare occasions, beyond to the Premier and Cabinet. One such rare occasion involved an application for the approval of the delivery of a provincial social-marketing campaign directed toward youth and young adults.

An agency that receives base funding is required to enter into a Transfer Payment Agreement with the MOHLTC. Among other things, the Agreement requires the agency to keep relevant statistics on its activity, evaluate its program, provide interim reports on budget expenditures and generally adhere to its Operating Plan and program descriptions.

All funded treatment agencies including those dealing with problem gambling receive base funding. They provide information on their services to the Drug and Alcohol Registry of Treatment (DART) and the

Drug and Alcohol Treatment Information System (DATIS). The MOHLTC, through the Centre for Addiction and Mental Health (CAMH) has completed a pilot outcome study and a cost-outcome study based on the information in the DATIS database. The Ministry has recently implemented a new software program for DATIS known as Catalyst that should produce better statistical information in the future.

In fiscal 2004-05, a comprehensive program, administration and financial review is planned for three of the province-wide problem-gambling programs. This will likely be followed by a similar review of the balance of the provincial programs and of all treatment programs. At this time, there is very little statistical information upon which one can determine the efficiency or value-for-money of any program except for utilization rates.

The Ministry of Economic Development and Trade (MEDT)

MEDT is responsible for much of the gaming policy in Ontario. It is the Ministry to which the Ontario Lottery and Gaming Corporation (OLGC) reports.

The OLGC is the principal operator of gaming facilities in the Province. It operates lotteries within Ontario, four commercial-type casinos, six charity casinos, 16 Slots at Racetracks programs and a linked electronic bingo game. As well, it participates in inter-provincial lotteries. The funds that are allocated to the problem-gambling Strategy come from monies generated by OLGC operations. These funds are paid into the Consolidated Revenue Fund and then are allocated to the Ministry of Health and Long-Term Care.

As a result of its responsibility for much of Ontario's gambling policy, MEDT is keenly interested and involved in the area of problem gambling and responsible gaming. It works with the OLGC on the manner in which the OLGC participates in its responsible-gaming program. As will be discussed below, the OLGC has taken a more pro-active role in promoting responsible-gaming practices recently. This has been done with the encouragement of MEDT.

In addition, MEDT plays a role in attempting to bring the organizations involved in the problem-gambling Strategy together for the purposes of developing policy and in order to create avenues of communication between the various stakeholders. MEDT recognizes that a healthy gaming industry requires a sound and effective strategy to deal with the social problems that gambling might generate.

The Treatment Component of the Problem-Gambling Strategy

i) The Treatment Agency Network

The MOHLTC funds 47 community treatment agencies throughout Ontario that deliver treatment services to problem gamblers, their spouses, family, friends and employers. Included among these 47 agencies are nine agencies (ten programs) that specialize in programs for special populations such as women, seniors, youth, young adults and ethno-cultural communities. In fiscal 2003-04, these agencies together received approximately $12M in base funding that includes a portion of the $4.2M for treating multiple addictions.

The agencies are located throughout the Province of Ontario. For administrative purposes, the Province has been divided up regionally as follows:

North East	-	7 Agencies
North West	-	8 Agencies
South West	-	7 Agencies
Central West	-	4 Agencies
Central East	-	4 Agencies
Central South	-	4 Agencies
Toronto	-	3 Agencies
East	-	10 Agencies
Total		47 Agencies

For the most part, these agencies are community-based organizations that receive overall funding from a variety of sources both public and private. They provide assessment and treatment services, counselling, family services and community outreach. Each is a not-for-profit agency and has a community-based Board of Directors that oversees its operations.

The agencies report to their respective regional offices of the MOHLTC. Funded agencies submit Operating Plans to the regional office, and funding decisions are made at the regional level. Most of the agencies were already delivering treatment services for substance-abuse clients prior to the creation of the problem-gambling Strategy. The responsibility for the delivery of treatment services for problem gamblers was added to the existing structure with the extra funding coming from the 2% formula funds.

At the outset, it was determined that each of the 47 agencies would acquire at least one full-time-equivalent (FTE), dedicated, problem-gambling treatment professional. That person was to provide both treatment services and community outreach in order to enhance public awareness including education and prevention. One half of this first FTE's time was dedicated to community outreach with the other half reserved for treatment (.5 FTE for outreach; .5 FTE for treatment). It was determined that an average annual client caseload for an FTE treatment counsellor would be 120 clients/year, based on an average of six hourly sessions per client.

In agencies with an annual client caseload of 60 or fewer, one FTE was nonetheless added. This decision was made due to the difficulty in hiring part time staff, particularly in remote and rural areas. In addition, in smaller communities it was felt that more community outreach would be beneficial in prevention/awareness activities and in order to encourage people with problems to come forward. In agencies with an annual client caseload greater than 60, an additional FTE would be added for every 120 problem-gambling clients.

It was certainly anticipated that there would be agencies with fewer than 60 problem-gambling clients per year. It was also certain that not every treatment counsellor would have sufficient community outreach work to occupy the balance of his or her working time. However, there was a considerable need for more counsellors to deal with substance-abuse clients, and any unused 'problem-gambling' time could be devoted to this need. In addition, given the Ministry's overall provincial mandate, it was concluded that all regions had to be treated equally in assigning additional counsellors.

In fiscal 2002-03, 28 out of the 47 treatment agencies had fewer than 60 clients per year. Some of these were in Northern Ontario where distances and travel-times are great and where agencies were seeing as few as four or five clients. In many of these 28 agencies, the added counsellor's time was being spent treating substance-abuse clients. Statistics were not kept as to how many hours a counsellor devoted to community outreach, and so it is not possible to determine how much time was being devoted to treating clients with substance-abuse problems.

Overall in fiscal 2002-03, 57.5 FTEs (81 minus 23.5 FTEs who were presumably performing outreach services) treated 5,000 gambling clients averaging 87 clients per FTE. This ratio is well below the client-average caseload formula. For the most part, it is only in areas with major casino activity, viz. Windsor, Niagara, Barrie/Orillia and Ottawa, where client numbers were meeting the formula criteria.

A note of caution regarding statistics for fiscal 2002-03 is required. During this period, the data-gathering system, DATIS, was in the process of re-configuring its data collection software. The above information comes from the MOHLTC files that reflect what was provided to it by the various treatment agencies. The information may not be complete or entirely accurate. Standard reporting procedures were not always used by the agencies. The information is simply the best that is available.

The statistics available for fiscal 2003-04 are somewhat less problematic. By this time, the new software program previously referred to, Catalyst, was in place. However, there were start-up problems with Catalyst and some agencies were still reporting information utilizing their own respective systems. Accordingly, while the numbers provided remain approximate, they are more reliable than those from the previous fiscal year.

In fiscal 2003-04, DATIS reports that approximately 3,800 problem-gambling clients were treated by the 47 agencies. The number of treatment counsellors increased from 81 to 98 FTEs (98 minus 23.5 doing community outreach leaving 74.5 FTEs doing treatment) averaging some 51 problem-gambling clients/FTE. DATIS also reports that in the first three quarters of fiscal 2004-05, approximately 4,480 problem-gambling clients were treated. Extrapolating this figure over a 12-month period produces a total of approximately 5,900 clients being treated. This produces an average of some 79 problem-gambling clients/FTE. Even when considering the prevention/awareness work that was being done in the agencies, the ratio of counsellors-to-clients in fiscal 2003-04 remains well below the client-caseload formula and substantially lower than in fiscal 2002-03. While there has been an increase in the total number of clients being treated in fiscal 2004-05, the ratio of clients/FTE continues to remain well below the formula average of 120.

Province-wide statistics are not available prior to fiscal 2003-04 that detail the number of hours spent with each client by treatment counsellors. However, some agencies reported averages as low as 2.2 hours/client. "Client" may include a gambler or an individual close to a gambler such as a spouse, child, family member or friend. In fiscal 2003-04, DATIS reports an overall average of 20 treatment hours received by each client, but there is no information differentiating between individual and group sessions and no information on the actual number of hours spent by each treatment counsellor.

As previously noted, treatment counsellors in most agencies are also delivering services to substance-abuse clients. Clients with gambling problems might be treated by counsellors who only deal with gambling problems but, more likely, they are spread among all of the trained counsellors on site. Problem-gambling clients are seen almost immediately while substance-abuse clients are usually put on long waiting lists for treatment.

DATIS received approximately $800,000 from the MOHLTC in fiscal 2003-04 in order to collect data on problem gamblers. DATIS collects data on substance-abuse clients as well. There has been no accounting of the actual costs incurred as a result of DATIS's additional responsibility to collect the data on problem gamblers.

The nature of the community outreach done by the .5 FTE varies from agency to agency. Much depends on the needs of the individual community, its demographic make-up, its geography and the existence of other community organizations. Many of these agencies are involved in presentations to community groups and allied professionals. They also distribute brochures, pamphlets and posters. Many attend health fairs and/or set up information kiosks at other community gatherings. Many agencies provide news stories and interviews to the media. Generally, these outreach activities fall within the ambit of awareness, prevention and education and are well received within individual communities.

As noted earlier, the Government of Ontario by policy decision approved the annual re-allocation of a portion of the 2% Gross Charity Casino and Racetrack Slot Revenue (up to $5M) to substance-abuse treatment, recognizing the existence of cross-addiction between gambling and substance-abuse addictions. The re-allocated funds have now become part of the base funding of all 150 treatment agencies including those not treating problem gamblers.

In fiscal 2003-04, a total of $4.2M was spent pursuant to this approval for multiple-addiction and substance-abuse treatment. Of this amount, $2.4M was directed to "Mergers and Systems Enhancements Substance Abuse". While there were no mergers of agencies during this period, funds were directed to enhance programs that either directly or indirectly served clients with cross-addiction problems as well as those with substance-abuse issues. For example, an existing downtown Toronto treatment agency operated by CAMH received funds to open two satellite offices in other parts of Toronto. Another agency received funds to permit it to serve clients in the Punjabi language. Clients with multiple addictions including gambling (as well as others) benefited from these increased services.

The balance of the $4.2M, $1.8M, was directed to "Substance Abuse Systems Pressures". These funds were directed to assist all 150 substance-abuse treatment agencies (which include the 47 agencies that serve problem gamblers) in meeting their overall operating expenses including salaries and rent. Problem-gambling clients, including those with cross-addictions, benefit by being served by agencies that can pay their bills. However as noted, some of these funds go to treatment agencies that do not serve problem gamblers. The $1.8M represents the only increase in the overall base budgets that substance-abuse agencies have received in the past 12 years.

Substance-abuse agencies have been experiencing severe financial difficulties due to increases in operating costs and substance-abuse caseloads. It is easy to understand why this cash-starved part of the overall substance-abuse treatment network needed and welcomed the injection of additional funds that came from the problem-gambling allocation.

What is also clear is that there is no direct co-relation between the $4.2M directed to substance-abuse treatment agencies and the number of problem gamblers treated who had cross-addiction problems. Statistics are unavailable that would enable one to determine the actual cost of treating cross-addiction clients.

ii) Special Populations Treatment Agencies

As mentioned above, there are nine treatment agencies (ten programs) directed at special populations such as women, seniors, youth, young adults and ethno-cultural populations. These programs are as follows: Amethyst Women's Addiction Centre in Ottawa; COSTI Immigration Services and the Chinese Family Services of Ontario in Toronto (ethno-cultural); Sandyhill Community Health Centre in Ottawa (ethno-cultural); Hotel Dieu Addiction Services in St. Catharines (ethno-cultural); Lifestyle Enrichment for Senior Adults in Ottawa; Sault Area Hospital in Sault Ste. Marie (seniors); Sister Margaret Smith Centre in Thunder Bay (seniors, youth and young adults); and Options for Change (including Kairos) in Kingston (youth and young adults).

All of the agencies named above provide both treatment services and prevention/awareness services except for Hotel Dieu Addiction Services in St. Catharines that only provides prevention/awareness activities. In fiscal 2003-04, the base funding for all of these programs was approximately $740,000.

Three agencies that are focused on seniors, viz. Lifestyle Enrichment for Senior Adults, the Sault Area Hospital and the Sister Margaret Smith Centre, have worked collaboratively to develop their specialized programs for seniors including their specific prevention/education resources. They share clinical resources, participate in research initiatives and provide data on the gambling behavior of older adults. In 2004 under the initiative of the MOHLTC, the three agencies formed the Ontario Resource Group on Problem Gambling and Older Adults 55plus. The main objectives of this group include articulating strategies for enhancing problem-gambling services for older adults and acting as a resource to the overall treatment network.

COSTI Immigration Services provides treatment and community outreach services primarily to people of Italian origin. In addition, COSTI assists 16 other ethno-cultural communities in delivering outreach services within their respective communities. Community outreach counsellors are trained by personnel from the Centre for Addiction and Mental Health (CAMH), and programs are designed to be sensitive to the cultural characteristics of each specific population group. Outreach services include newspaper articles in community publications, radio and television interviews, slide presentations in community cinemas and drama presentations to groups and workshops.

The Centre for Addiction and Mental Health is in the process of training additional counsellors within ethno-cultural communities who will provide treatment and outreach services on a fee-for-service basis ($60 per hour) that is paid for out of COSTI's budget. Because of the small numbers of clients at the present time, full-time counsellors are not being considered for most communities. COSTI does have one treatment FTE who saw approximately 60 clients in the past year. It also has one FTE who does community outreach work.

Overall, the number of clients who seek treatment in ethno-cultural communities is very small. This is attributed in part to language difficulties that limit the effectiveness of most advertising and also because there are few counsellors available who can converse with and relate to clients. It is felt, especially in ethno-cultural communities, that trained counsellors who have language facility and who are aware of unique cultures must be in place even if the number of clients is small at the outset.

iii) The Centre for Addiction and Mental Health (CAMH)

The Centre for Addiction and Mental Health (CAMH) is Canada's largest health sciences centre devoted to mental illness and addiction. It cares for people in Ontario with addictions and operates inpatient and outpatient services. It also has a long history of training professionals and conducting research in the field of the treatment of addictions. CAMH is governed by a Board of Trustees that includes individuals from a broad range of backgrounds.

CAMH operates a Problem Gambling Project that is funded by the MOHLTC. The Project provides training and support materials to Ontario's designated problem-gambling treatment system, allied professionals and communities' outreach personnel on issues related to problem gambling.

CAMH also operates a problem-gambling treatment outpatient program in Toronto at three locations. The program is one of the 47 treatment centres referred to elsewhere in this Report. Accordingly, it is able to apply its direct experience in treatment to the training and resource materials that the Project delivers. Training personnel spend part of their time as clinicians in the treatment program.

CAMH utilizes the most up-to-date clinical knowledge in the field for both training and treatment purposes. The methodology used in treatment centres across Ontario is primarily cognitive behavior therapy utilizing both individual and/or group sessions. Research supports this approach as being effective. The number of sessions required for a client varies with the nature of the problem(s) presented but should average six sessions. In practice, it averages four. Treatment activities may include relapse prevention, psychotherapy, family therapy, pharmacotherapy, motivational interviewing, social skills training and crisis management.

Training is provided to professionals who work in the 47 treatment centres across Ontario including the specialized centres that deliver services to seniors, women, youth, young adults and ethno-cultural communities. CAMH conducts training workshops that include a focus on the treatment of the gambler and his or her family and it also trains professionals on how to conduct effective community awareness initiatives. Training workshops are evaluated by those in attendance. Overall, these evaluations have been highly complimentary.

The Project has produced resources for the problem-gambling treatment network that include publication of a treatment manual and a resource package dealing with community-based work in public awareness and professional education on gambling and gambling problems. The Project is available as a resource to treatment professionals in the field who wish to consult with respect to specific cases.

The measurement of treatment outcomes is a current project of CAMH. At this point, there is little information on this subject. There are, however, two controlled studies that confirm the utility of cognitive behavioral therapy. An outcomes study performed by CAMH in 1997 tracked clients over a three-year period following treatment. Overall improvement was demonstrated in their quality of life including stress levels, family life, health, leisure activities, spiritual well being, work and school experiences, social life and financial well being. The level of frequency of gambling also decreased.

Measuring treatment outcomes is inherently difficult as there is no one criteria for determining success. Is success to be measured by total abstinence from gambling? Temporary abstinence? Reduction in gambling activity? Harm reduction? Meeting individual goals? In addition to measuring participation in gambling activities, it is also important to measure changes in quality of life brought about by treatment. CAMH will be participating in further studies this year.

At the present time, a pilot project is under way in six Ontario communities involving treatment by telephone counselling. It is recognized that there are many barriers affecting access to face-to-face treatment including poverty, embarrassment, remoteness and physical disability. These may explain, in part, some of the reasons for the low numbers that present for treatment. It is interesting to note that the researchers involved in this study are experiencing difficulty in recruiting clients for the study. The research for this study was funded by the Ontario Problem Gambling Research Centre and is being supervised and evaluated by CAMH. The results will not be available for at least one year, but the project's outcome could have major implications for the delivery of treatment services.

Problem gambling is a relatively new field, and overall, little is known about treatment outcomes. Research that follows a problem-gambler population over at least one year following treatment may be required in order to effectively measure treatment outcomes.

CAMH also works with allied professionals including physicians and social workers who might come into contact with problem gamblers. It provides these professionals with information about gambling so that they can encourage clients to address their gambling problems. The objective of this work is to increase the capacity of professionals to identify, refer and treat people with gambling problems. At the present time, CAMH is working with the credit-counselling and the corrections networks, employee assistance plans, physicians and other health-care professionals, withdrawal management specialists and ethno-cultural service providers.

In fiscal 2003-04, the MOHLTC approved a budget for the Project of $674,973. In addition, the project was permitted to carry over unspent funds from the previous fiscal year in the sum of $402,754 that were to be applied to the expansion of services to allied professionals, practicum training and IT consultation and planning for web-based services. The project also produced a video presentation to complement its publication on community awareness.

If approved by the Ministry, CAMH plans to develop a comprehensive plan for the delivery of on-line problem gambling educational and clinical services in the future. It also wishes to ensure that a certification process is in place for treatment counsellors. It intends to do work with specific populations such as Aboriginals who, in the view of most Aboriginals, should be provided with training resources and information and materials so that they can tailor their community programs to their own specific cultures and needs. CAMH is also ready to offer training to staff working in the gaming industry.

With the approval of the Ministry, CAMH intends to promote the creation of a problem-gambling centre that can utilize online and telephone contact throughout the Province particularly for smaller towns and remote areas. CAMH has within its global structure the resources to deal with mental-health and substance-abuse issues as well as problem gambling, and this central resource would be equipped to address co-addiction and multi-problem cases. The centre would also create an internet site that would provide resources and services that are supportive of other provincial partners in the problem-gambling field. CAMH sees problem gambling as an important facet of public health.

The Problem-Gambling Service Operated by CAMH

CAMH operates a problem-gambling treatment centre in Toronto with two satellite offices. This program provides in-person or telephone counselling for problem gamblers and their families through individual, family and group work. Some staff specialize in the treatment of youth, young adults, women, seniors and ethno-cultural populations. It also engages in community outreach in order to enhance prevention/awareness.

In fiscal 2003-04, the program reports seeing a total of 548 clients, averaging just over five sessions per client. There were 7 FTE treatment counsellors in place (6.5 FTEs for treatment; .5 FTE for prevention/awareness). The average number of clients per treatment counsellor was approximately 84.

The program has links with a number of ethno-cultural organizations such as COSTI Immigration Services and it can deliver its program in 20 languages. In fiscal 2004-05, it intends to make its programs even more available to ethno-cultural populations. The program has also done a limited amount of research involving women and youth that has been funded by the Ontario Problem Gambling Research Centre.

In fiscal 2003-04, the MOHLTC approved a base budget for the program of $1,021,860. When this is added to the funding approved for the Problem Gambling Project, the total budget approved for CAMH is $1,698,833.

iv) The Ontario Problem Gambling Helpline (OPGH)

The Ontario Problem Gambling Helpline opened in 1997 as a province-wide information and referral service designed to ensure that all communities in Ontario have free, confidential and anonymous access to information about and referral to problem-gambling treatment resources.

It is sponsored by and integrated within the Ontario Drug and Alcohol Registry of Treatment (DART) and utilizes DART'S telephone infrastructure, computer system, call centre workstations and staff. It operates from DART's offices in London, Ontario. DART is a not-for-profit agency governed by a Board of Directors.

By adding the problem-gambling Helpline to DART's existing drug and alcohol Helpline infrastructure, start-up costs were substantially reduced. In addition, the relationship between the two services, viz. a problem-gambling Helpline and a substance-abuse Helpline, permits cross-referencing between both databases. The same telephone operator can provide information on all available treatment and related services. This is especially useful in the case of a caller who presents a multiple-addiction problem. Plans are now underway to add a third dimension to DART's capability by adding a mental-health Helpline to the existing infrastructure.

A dedicated problem-gambling Helpline toll-free telephone number is open for 24 hours every day of the year. Language interpretation is available. The service is gambling-neutral and can suggest a full range of problem-gambling treatment options including referral to treatment agencies, credit and debt counselling, family-services counselling and self-help organizations such as Gamblers Anonymous. Trained-staff provide information to individuals experiencing gambling problems, spouses, family, friends, co-workers and others.

From time to time, telephone operators may provide crisis management and preliminary counselling to a caller. These operators can also describe the nature of treatment and counselling services that are available and they receive training to prepare them to perform all of these functions.

In fiscal 2003-04, a total of 15,876 calls (telephone calls and emails) were received by the Helpline. Of these calls, 3,830 were from people seeking information on treatment resources. A total of 10,831 calls were misdirected. Most of those callers were seeking recent winning lottery numbers; 203 callers sought public-relations material; the balance of the calls was from callers seeking other kinds of information.

Of the 3,830 callers seeking information on problem-gambling treatment resources, 2,492 came from the gamblers themselves, 972 calls came from family members, 190 calls came from friends and 176 calls came from others including seven calls from professionals seeking help for clients. The staff employed by the Helpline is bilingual and it also has access to services in 140 languages.

The Helpline keeps detailed statistics that break down the callers by gender, age, area of residence, preferred gambling activities, etc. Such information is made available to other stakeholders in the problem-gambling field.

Due to budget limitations, the Helpline has engaged in a limited communications program that includes the distribution of print material such as treatment directories, brochures, wallet cards, posters, matchbooks and pencils. In addition, the Helpline telephone number is published in the white and yellow pages and in the emergency numbers listings in all Bell Canada telephone directories in Ontario. There is also limited advertising in weekly newspapers. If funding were approved by the Ministry, the Helpline would like to proceed with a broader media communications strategy focusing on target audiences such as seniors and women in specified geographical areas of the Province.

The Helpline maintains a website that provides information on its services and permits a person to conduct a search for information on treatment and related agencies. All of these agencies are required to submit information to the Helpline on any changes to their respective profiles or programs, and this information is automatically entered on the website.

The Helpline's base budget in fiscal 2003-04 was $502,000. It also sought one-time funding for its communications initiatives of $400,000 that was denied. In future, it would like to move its communications costs to its base budget.

The Prevention/Awareness Component of the Problem-Gambling Strategy

i) The Responsible Gambling Council - Ontario (RGCO)

The Responsible Gambling Council - Ontario assists individuals and communities throughout Ontario to address gaming in a healthy and responsible manner. It does so by providing awareness, prevention and educational programs. It focuses on collecting and disseminating information on problem gambling and responsible gaming and it develops and implements awareness, prevention and education initiatives.

The goals of the RGCO include the promotion of safe gambling practices among those who gamble and the minimization of gambling-related problems. This is accomplished by ensuring that Ontarians have information, skills and encouragement to reduce the risks of developing a gambling problem.

The RGCO is the successor of the Canadian Foundation on Compulsive Gambling (Ontario), which started in 1983. In its early years, the Foundation concentrated on establishing acceptance of the fact that compulsive gambling was a treatable disorder and on placing this issue on the public agenda. By 1998, the Foundation was a recognized leader on issues related to gambling and problem gambling. In 2001, the Foundation became the RGCO, reflecting a shift in its focus toward prevention of problem gambling and the promotion of responsible gaming through awareness, information and research. The RGCO is a not-for-profit organization, and its Board of Directors is comprised of individuals who are actively involved in the gaming industry and in responsible gaming. The RGCO's office is in Toronto. Some board members are from other provinces in Canada.

The RGCO has been funded by the MOHLTC since 1997. Typically, it has received base funding each year and one-time project funding for a variety of initiatives. In fiscal 2003-04, its base budget funding was just over $1M with additional one-time funding of $900,000. It uses part of its base budget for ongoing activities, including the development of programs, the creation and distribution of brochures, posters, some newspaper advertising, a website, print and email newsletters.

One-time funding has been used to create programs for adolescents, youths and young adults in the schools and for education/awareness weeks in selected communities. The RGCO also wishes to expand its education/awareness week and take it province-wide.

In fiscal 2003-04, a drama presentation on problem gambling and responsible gaming was seen by approximately 20,000 school children. One hundred and fifteen schools in Ontario have expressed an interest in the program. The RGCO is interested in developing an awareness/education program that could be added to the curricula of elementary and secondary schools. To date, this proposal has not received approval from the MOHLTC.

One-time funding has also been used for evaluation of all programs as the RGCO is heavily committed to an evaluation process. It is of the view that the best measure of success of prevention/awareness programs is whether its messages are being understood and acted upon. Overall, the current evaluations are very positive.

Several of the RGCO's programs are multi-year initiatives but because of the methods of funding by the Ministry that are currently in place, it must apply each year to continue these programs. In addition, the planning for the delivery of programs such as those in the schools must take place prior to the receipt of funding approval. The RGCO must borrow the necessary funds from other parts of its budget and hope that funding is eventually forthcoming from the Ministry.

In fiscal 2002-03, the RGCO received project funding to develop a social-marketing media campaign directed at youth and young adults between the ages of 18 and 24. The marketing material was developed, but funding was not approved for the delivery of the campaign. (On January 20, 2005, the Minister of Economic Development and Trade announced that $4M would be spent over two years for the delivery of a social-marketing campaign.)

The RGCO has entered into a partnership with other Canadian jurisdictions to create an information database on responsible gambling. It gathers information on what is happening in other parts of Canada and around the world and makes this information available to its partner jurisdictions. The partners contribute funds to operate this program. The partners have three members on the Board of Directors of the RGCO in order to promote synergies between Canadian jurisdictions on responsible gaming issues.

The RGCO has also organized annual national conferences and symposia on responsible gaming. The funding for these events now comes primarily from the gaming industry. In addition, the RGCO has provided materials to and has made presentations in other jurisdictions and has received limited compensation as a result.

The RGCO is considered a North American leader in all aspects of prevention, awareness and education.

ii) Department of Public Health Sciences - University of Toronto

The Department of Public Health Sciences at the University of Toronto is a department within the Faculty of Medicine. In 1995, it launched the TeenNet Project that includes an interactive website focused on promoting good health practices for youth. In 1999, it launched a three-year pilot project called YouthBet.net which is another interactive website designed to prevent gambling problems among youth through health promotion, harm reduction and primary prevention interventions.

The YouthBet.net website was designed by a working group of seven youth between the ages of 14 and 18 under the supervision of U of T faculty members. It features a neighbourhood scene with a casino, corner store, schoolyard, back alley, community centre and library. There are several public health interventions featured on the site as well as general statistics and information on gambling.

In fiscal 2003-04, the MOHLTC approved the project's first year of base funding of $122,204 and one-time funding of $14,145. The project has developed working relations with the YMCA, CAMH and the Responsible Gambling Council - Ontario. It is the intention of the project to continue to maintain the website, develop statistics on usage and promote awareness of the website through marketing using community partners including the YMCA, public health units, schools, problem gambling treatment providers and others.

When the MOHLTC launched its problem-gambling Strategy, it sought applications for funding from organizations that focused on specific client populations such as youth, seniors, women and ethno-cultural communities. It sought novel ways of reaching these populations. The YouthBet.net project met these criteria.

iii) YMCA Youth Gambling Program (YMCA)

The Young Mens Christian Association is a charitable organization offering personal growth through participation and service to the community. It has developed a program, the Youth Gambling Program (YGP), that is designed to implement prevention and educational strategies for problem gambling among youth in selected communities across Ontario. There are 18 such communities: Barrie/Orillia, London, Ottawa, St. Catharines, Niagara Falls, Sault Ste. Marie, Toronto, Sarnia, Windsor, Brantford, Hamilton, Durham, Kingston, Fort Erie, Sudbury, Timmins, Owen Sound, Guelph and Peterborough. Youth workers go into elementary and high-school classrooms to discuss gambling and problem gambling with students. They also meet youth at the local YMCA, sports organizations, day camps, employment centres and at other community agency locations.

There is an advisory committee in place at each YMCA location made up of representatives from a broad range of community interests.

The workshops developed by the Program include formal presentations to schools and other organizations that work with youth between the ages of eight and 24 years. The workshops are interactive in nature. School-age children and youth are much easier to engage than young adults whose interests are more disparate. The workshops are evaluated utilizing post presentation evaluations measuring for increases in knowledge, intention to practice-harm reduction strategies and attitude toward gambling.

In fiscal 2004-05, the Program will deliver prevention /education sessions to 70,000 youth, parents, guardians and professionals involved in the lives of youth. The Program will also work collaboratively with community service providers.

In fiscal 2003-04, the Program had a base budget of $1.52M that funds the administration and delivery of the Program in all locations.

iv) Aboriginal Problem Gambling – Prevention/Awareness

Since 1999, funding has been made available to Aboriginal communities in Ontario to promote their efforts to develop and deliver problem-gambling prevention and education services. This initiative responded to a growing concern in Aboriginal communities about the potential for harm due to the expanding number of accessible gaming venues. Even in remote communities, there was concern about the level of gambling that was occurring at bingos, card games and other activities that were taking place within the communities themselves.

As a result, needs assessments were carried out by eight Provincial Territorial Organizations and/or Independent First Nations, and pilot projects were initiated at four sites. This was done under the direction of an Aboriginal Responsible Gambling Strategy Steering Committee that received funding from the Ministry. This, in turn, led to the establishment of programs through the participating organizations. These programs focused primarily on education and awareness raising and local staff training. Some counselling was occurring within these programs but in fiscal 2002-03, the MOHLTC advised that all clients who required treatment should be referred to mainstream facilities.

In 2002 the Steering Committee decided to dissolve, and the MOHLTC assumed the responsibility for funding the programs of eight Aboriginal organizations directly. Some of these organizations then re-allocated funding to local communities within their respective memberships. In fiscal 2002-03, $1M in base funding was provided with an additional $500,000 directed to the Ontario Problem Gambling Research Centre to conduct research on prevention/awareness and education strategies for Aboriginal communities. The eight organizations receiving the base funding are as follows: Ontario Metis Aboriginal Association, Ontario Federation of Indian Friendship Centres, Nishnawbe Aski Nation, Grand Council Treaty #3, Ontario Native Women's Association, Metis Nation of Ontario, Union of Ontario Indians and Independent First Nations.

Five of the eight organizations received the same level of funding in fiscal 2002-03 (viz. $113,800) without detailed consideration of each community's different needs and circumstances. In addition, organizations often divided up their grants evenly between the various tribes within their respective umbrella organizations.

The day-to-day managers of Casino Rama contribute $65,000 annually to the Mnjikaning Community and Family Services Problem Gambling Program. The casino is located on Mnjikaning lands and the funds are designed to educate and inform the members of this community on issues related to problem gambling and responsible gaming.

From the outset, the Aboriginal Responsible Gambling Strategy Steering Committee identified a need to provide counselling and treatment by First Nations organizations themselves so that the special cultural features and needs of a community could be incorporated into service plans and techniques. In some communities where substance-abuse counsellors are already in place, it would be possible to add problem gambling to their responsibilities. However, this does not apply to most communities where there is no on-site treatment facility. To date, the Ministry has determined that Aboriginal problem-gambling clients should be referred to main-stream agencies that are funded to provide treatment services. However, two participatory action research studies being conducted under the direction of the Ontario Problem Gambling Research Centre are underway to assist in the planning for future Aboriginal-specific treatment and counselling programs.

In the area of prevention/awareness, the training of local service providers for Aboriginal communities is usually organized by their respective umbrella organizations. The programs take into account the culture of each community. Programs are often targeted to reaching children, youth and seniors. Education includes highlighting the differences between cultural games that have been a part of a community for many years and commercial gambling where monetary gain is a priority.

The training of local service providers includes workshops and utilizes training manuals and print material prepared by umbrella organizations. Some organizations complain that their funding is insufficient, particularly to provide adequate training. The costs of travel to training sites absorb a considerable part of the budget. In addition, with many language differences between various groups, resources are unavailable to provide information in each language.

The Ontario Problem Gambling Research Centre is currently funding a study that will inquire into the nature and extent of gambling that exists in five off-reserve target aboriginal communities. It will make recommendations as to the best practices that should be adopted for treatment and prevention/awareness strategies in those communities. The results of the study could have far-reaching effects on the manner in which services will be provided in the future. One of the umbrella organizations, Grand Council Treaty # 3, is engaged in a similar study for on-reserve Aboriginals.

v) Youth Problem Gambling – Prevention/Awareness

The MOHLTC funds a number of youth oriented activities in the area of problem-gambling treatment, prevention/awareness, education and research.

All of the 47 problem- gambling treatment agencies previously referred to in this report provide services for youth, but the Ministry funds three specific treatment programs specializing in youth treatment, viz. St. Joseph's Health Centre in Thunder Bay, Lake of the Woods Addiction Services in Kenora and Options For Change (services to youth through Kairos, a specialized outreach and treatment centre for youth) in Kingston.

Specialized programs in the area of prevention/awareness and education for youth are provided by the Responsible Gambling Council – Ontario, the YMCA and the University of Toronto. The RGCO provides drama stage performances for secondary school students and interactive gambling awareness programs for post-secondary students. As previously noted, the YMCA offers an interactive awareness program in elementary and high schools. The University of Toronto provides an interactive prevention and treatment program for post-secondary students and adolescents.

In addition, the Ontario Problem Gambling Research Centre has undertaken a number of research projects that are youth oriented.

vi) Special Populations Gambling Projects – Prevention/Awareness

Reference has already been made in this Report to the nine agencies (ten programs) being funded by the MOHLTC and directed at special populations such as women, seniors, youth and ethno-cultural populations. These programs are as follows: Amethyst Women's Addiction Centre in Ottawa; COSTI Immigration Services and the Chinese Family Services of Ontario in Toronto (ethno-cultural); Hotel Dieu Addiction Services in St. Catharines (ethno-cultural); Lifestyle Enrichment for Senior Adults in Ottawa; Sault Area Hospital in Sault Ste. Marie (seniors); Sister Margaret Smith Centre in Thunder Bay (seniors and youth); and, Options for Change (Kairos) in Kingston (youth).

These agencies also provide community outreach to their respective population groups in order to enhance awareness including prevention and education.

The Research Component of the Problem-Gambling Strategy

Ontario Problem Gambling Research Centre (OPGRC)

The Ontario Problem Gambling Research Centre was established in 2000. Its goal is to increase the understanding of gambling, problem gambling and responsible gaming in Ontario and to strengthen the ability to prevent and remedy problem gambling. It also seeks to monitor the impact of gambling. It does this by funding quality research projects, building a capacity within Ontario to conduct research and by disseminating in a timely and effectively manner the results of research.

The OPGRC is a not-for-profit agency, and its operations are governed by a Board of Directors comprised mainly of professionals and academics. Its office is located in Guelph, Ontario.

In fiscal 2003-04, the OPGRC received approximately $1.5 M in base funding from the MOHLTC. These monies are used to fund its operations and to fund some of its research grants. In addition, a further $2.2M approximately, was approved on a one-time funding basis in order to fund a further 15 specific research projects. As with other funded agencies, the OPGRC must apply for one-time funding each year in order to fund new research projects or to sustain the funding for multi-year undertakings. The OPGRC does not conduct research – it acts as a funding agency.

The OPGRC funds research projects that can be described as Descriptive, Explanatory, Predictive, Prevention and Treatment in nature. Applications for funding of research projects are analyzed and evaluated utilizing outside peer review. In addition, the MOHLTC can request directed research in specific areas.

The OPGRC has established four levels of funding. Level I funding is designed to increase the capacity of researchers to compete successfully for research awards and other funding and to encourage non-traditional researchers to enter the problem-gambling field. Level II funding is earmarked for stand-alone research projects or pilot projects and to fund preliminary research for a Level III funding project. Level III funding is designed to enhance understanding of problem gambling and strengthen treatment and prevention strategies. Level IV funding is for multi-year research projects up to three years.

Examples of research designed to contribute to the improvement of treatment strategies for problem gamblers include a Tele-Counselling Recruitment pilot project, a Minimal and Brief Treatment for Problem Gamblers project, a Concurrent Gambling, Substance Abuse and Anger project, a Controlled Evaluation of Cognitive Therapy for Problem Gamblers project and a Development of a Seniors' Problem Gambling Screen project.

Examples of research designed to contribute to the improvement of prevention/awareness strategies include a Life Skills, Mathematical Reasoning and Critical Thinking Curriculum for the Prevention of Problem Gambling project, an Investigation of the Factors Leading to Successful and Unsuccessful Regulation of Gambling Activity, the Influence of Casino Design on Gambling Behavior project, the Influence of Parental Attitudes on Youth Gambling Behavior project, the Effect of Commercial Advertising on Youth Knowledge, Attitudes and Beliefs project and Whether Control of Gambling is a Viable Goal in the Treatment of Problem Gamblers project.

Examples of fund-directed research sponsored by the MOHLTC include an Ethno-cultural Participatory Action Research project, a Tele-Counselling Development and Evaluation project, an Aboriginal Participatory Action Research project and a Charity Casino Exit Survey.

To elaborate further, in 2002, the MOHLTC provided one-time funding of $250,000 to the OPGRC to fund a project for the development of a telephone-based treatment program for problem gamblers. The project includes the testing of this treatment model and is being overseen by the Research Centre while being conducted by CAMH. The goal of the project is to assess this form of clinical intervention, to provide a choice of format for treatment that allows for client preference and to monitor moderate gambling or abstinence outcomes.

In fiscal 2002-03, the Centre received one-time funding of $500,000 to fund an Aboriginal Participatory Action Research project. This project is designed to help determine the optimum prevention and treatment strategies among Ontario's First Nations. In addition, the MOHLTC has provided one-time funding of $60,000 to conduct charity casino patron surveys. This data is required for the completion of ongoing charity- casino social and economic impact studies in four locations.

The OPGRC is building the capacity to conduct research within Ontario by providing fellowships for post-doctoral and doctoral studies. It also awards Level I grants and education grants to encourage new researchers to enter the field of problem gambling.

In order to effectively disseminate the results of research, the OPGRC has developed a website that includes a comprehensive and intensive review of the literature about gambling, problem gambling. The literature includes the results of it own funded studies. The website also contains information about the Centre and its operation including information on funding opportunities and details of projects underway.

Recognizing that the entire field of problem gambling and responsible gaming is relatively new, research in this area is also a new undertaking. Many of the research projects that are directed at adopting best practices require funding over extended periods of time in order to follow the progress of problem gamblers. In addition, in order to understand what treatment and prevention/awareness techniques are the most effective, it is necessary to understand why people develop gambling problems, whether there are subtypes of problem gamblers and whether assistance should be based on dealing with mood disorders, cognitive disorders, neurological deficiencies and/or psychological dependencies. All of this suggests that many studies will require extended periods of time and considerable resources.

The OPGRC has been continually requesting that its one-time funding be converted to base funding so that it can fund longer-term studies. In fiscal 2004-05, the Ministry acceded to this request. The future plans of the OPGRC will be discussed further in the Analysis and Recommendations section of this Report.

Responsible Gaming

As previously noted, promoting responsible-gaming practices is an important element of the components of the existing problem-gambling Strategy, particularly in the area of prevention/awareness. In the area of treatment, one of the goals of behavior modification therapy is to assist a client in controlling his or her gambling activity so that even though the client may continue to gamble, it ceases to be a problem. Techniques in responsible gaming are introduced. In the area of research, some of the funded projects are directed to advancing the knowledge of how to effectively promote responsible gaming.

Aside from the problem-gambling Strategy itself, responsible gaming is promoted by both the Ontario Lottery and Gaming Corporation and by its regulator, the Alcohol and Gaming Commission of Ontario.

i) The Ontario Lottery and Gaming Corporation (OLGC)

The Ontario Lottery and Gaming Corporation (OLGC) is the provincial agency that operates and manages four commercial-type casinos, six charity casinos, 16 slots at racetracks programs and an electronic linked bingo game on behalf of the Government of Ontario. In fiscal 2003-04, it turned over approximately $1.9B to the Consolidated Revenue Fund (CRF) for expenditures on education, the environment and other Government undertakings. The funds that the Government allocates to the problem-gambling Strategy come from funds generated by OLGC operations and paid into the CRF.

The OLGC has developed its own program on responsible gaming. For the most part in the past, it has worked on its own in developing its program without much consultation with other organizations that are also working in the prevention/awareness field. With its program, the OLGC seeks to ensure that its efforts result in effectively raising the awareness of its patrons and staff about problem-gambling issues and responsible-gaming practices.

The OLGC has created a tagline message, "Know your limit, play within it" that it incorporates into its marketing programs for casinos, slot operations, lottery products and print material. The intent of this message is to constantly remind patrons that they should decide how much they can afford to pay for their gambling entertainment before they commence gambling. The message is also intended to convey that patrons have the responsibility to monitor their own play.

The OLGC includes the Helpline telephone number on its products, promotions and advertising materials so that patrons are aware of where they can receive help. The tagline followed by the Helpline number is displayed on lottery tickets, electronic displays on lottery sales machines, game fact sheets, a Lotto Post magazine, electronic displays on slot machines and on player-tracking modules. Automated Teller Machines (ATMs) located at gaming sites also contain the messaging on their screens.

Responsible-gaming information is contained on the OLGC website and is included in public presentations to a variety of audiences at public events.

At the gaming sites, responsible-gaming messages are found on posters and in readily available pamphlets. In addition, customer-service staff is trained on how to deal with patrons who raise issues and problems regarding problem gambling. Time-of-the-day clocks are also located in all washrooms to encourage responsible play.

The OLGC is aware that different effective messaging techniques may be required for patrons, lottery ticket retail agents and casino staff. Even within the patron group, different messaging may be required for target populations such as seniors, young adults and members of ethno-cultural communities. The OLGC feels that it lacks sufficient information on how it can effectively reach these groups.

In the future for the purposes of advancing responsible gaming, the OLGC intends to provide even more information to its patrons and to the general public on its website and in pamphlets such as the odds of winning at particular games and information designed to dispel myths associated with slot machine play. It is also prepared to consider further additional changes such as information messaging at lottery-sales outlets, information about time-of-play and money spent. It will also introduce on-site professionals to provide counselling and information on problem gambling and responsible gaming at commercial-casino locations. The OLGC is also prepared to devote a part of its print and media advertising budget to deal with issues regarding responsible gaming. However, the OLGC has expressed the need for directed research in order to ensure that new innovations are likely to be effective in securing responsible-gaming practices.

The OLGC operates a self-exclusion program that allows patrons to voluntarily exclude themselves from OLGC gaming sites. Patrons sign a form agreeing to voluntarily stay out of casinos and slot locations. The form, together with a photograph of the patron, is circulated to security staff at all gaming sites operated by the OLGC, but the patron is reminded in writing that the onus remains on him or her to refrain from visiting gambling locations.

The OLGC has expressed concerns as to whether the self-exclusion program is viable. Thousands of individuals have signed on with the program, but it is extremely difficult to ensure that the security staff at any given site is capable of recognizing an individual who has self-excluded. This is particularly so at large sites such as the commercial-type casinos and slot-at-racetrack programs at Woodbine in Toronto and Mohawk in Campbellville.

The OLGC operates a players' reward program that monitors, among other things, the number of visits that a registrant makes to its sites together with the total of the coin-in play of a patron at a slot machine. This information is used to provide rewards to a patron for play such as discounts at its dining facilities. It is also used for structuring its direct mail-out program to registrants that provides information on up-coming events and special promotions.

In 2003, the OLGC formed a steering committee on responsible gaming that includes the Executive Director of the Responsible Gambling Council - Ontario. The terms of reference of this working group include the placing of the OLGC in a pro-active leadership role in the gaming industry and the creation of a corporate strategy that is consistent with Ontario's public policy in this area. The OLGC advises that this committee faces problems in determining in practical terms the steps that should be taken to advance responsible-gaming practices.

In fiscal 2003-04, the OLGC spent approximately $6.8M from its budget on its responsible-gaming strategy. The funds were spent on direct and indirect marketing, information publications, the self-exclusion program, donations and sponsorships. These funds included amounts spent by the day-to-day managers of the four commercial-type casinos. The manager of Casino Rama that is located on Mnjikaning lands near Orillia contributes $65,000 annually to the Mnjikaning Community and Family Services Problem Gambling Program that provides prevention/awareness services to its Aboriginal community.

ii) The Alcohol and Gaming Commission of Ontario

The Ontario Alcohol and Gaming Commission of Ontario is a statutory body operating under the provisions of the Alcohol and Gaming Regulation and Public Protection Act, 1996. In addition to its responsibilities for regulating alcohol, the Commission is mandated to exercise its powers and duties in the public interest and in accordance with the principles of honesty and integrity and social responsibility in the regulation of gambling. The Commission is responsible for the administration of the Gaming Control Act, 1992, and its Commission members may establish guidelines governing the exercise of any of the powers and duties conferred on it under this Act.

The Alcohol and Gaming Commission regulates the activities of the Ontario Lottery and Gaming Corporation. Accordingly, it possesses the statutory mandate to ensure that the activities of the OLGC are carried out in the public interest and in a manner that promotes social responsibility.

Existing Regulations under the Gaming Control Act restrict the nature of the advertising of gambling, the extension of credit, the prohibition of minors from playing games of chance and the exclusion and self-exclusion of patrons from gaming premises. Violations of Regulations can lead to prosecution of the OLGC and/or individuals and the possibility of fines and license suspensions. In addition, the Commission must approve every game of chance that is offered by the OLGC, including electronic gaming machines. Accordingly, it possesses the mandate to ensure that the games are honest and that they are operated with integrity and are suitable for the gambling consumer.

Aside from enforcing the existing Regulations, the Commission has not become pro-active in the area of problem gambling and responsible gaming, unlike other jurisdictions such as British Columbia, Alberta and Manitoba. This area will be explored further in this Report.

The Ontario Problem-Gambling and Responsible-Gaming Strategy in Fiscal 2004-05

As previously noted in this Report, it appears that in fiscal 2004-05 the Government of Ontario is prepared to flow $36.65M generated by the 2% funding formula to the Ministry of Health and Long-Term Care to fund the programs under the problem-gambling Strategy. Therefore, the Ministry through its Mental Health and Addiction Branch will have approximately $14.95M more than the $21.7M it had in the previous fiscal year. The Branch proposes to allocate these funds approximately as follows:

	2003-04	Additional Funds	2004-05 Total
* Treatment	$13.2M (60%)	$10.97M	$24.17M (66%)
Prevention/ Awareness	4.7M (22%)	3.77M	8.47M (23%)
Research	3.8M (18%)	.21M	4.01M (11%)
	$21.7M (100%)	$14.95M	$36.65M (100%

* These figures include $4.2M in fiscal 2003-04 and $9.2M in

2004-05 for multiple addictions and for substance-abuse funding.

In the area of treatment, the increases will create more treatment capacity for women, seniors, young adults and ethno-cultural communities and in both the specialized and non-specialized treatment agencies. The base budgets for salaries and operating costs will increase. Additional funds are being allocated to DATIS for information gathering and to the Centre for Addiction and Mental Health for training and for pilot projects dealing with residential treatment and the treatment of young adults.

Furthermore, in addition to the $4.2M already being transferred to substance-abuse agencies for the treatment of those with multiple-addictions and to address operational and service pressures in the substance-abuse treatment network, the 2004-05 allocation provides for the transfer of an additional $5M for a total of $9.2M. Two million of these additional dollars will provide for further increases to the operating budgets of all 150 substance-abuse agencies. The additional $3M will constitute one-time funding to these agencies for their withdrawal management programs. These funds will be used for substance-abuse treatment and not for problem gambling. The Ministry of Health and Long-Term Care advises that Cabinet has approved this allocation.

In the area of prevention/awareness, the increases will fund a $2M social-marketing campaign directed at youth and young adults and outreach services for women and seniors. It will also permit a major expansion of the Problem Gambling Awareness program developed and delivered by the Responsible Gambling Council - Ontario.

In the area of research, the entire budget of the Ontario Problem Gambling Research Centre, $3.7M, has been converted to base funding. This was in response to submissions by the Centre that it required secure funding so that long-term research projects could be funded.

Some of the proposed additional expenditures are being made on a "one-time" basis and, accordingly, may be reviewed in the next fiscal year. However, the increases to base budgets for treatment agencies are more problematic as they become built-in to salary and operating-expense budgets. The fiscal 2004-05 expenditures are being made without the input of the forthcoming recommendations contained in this Report.

II INTERJURISDICTION REVIEW – SELECTED JURISDICTIONS

i) British Columbia

The Province of British Columbia has made a firm commitment to deal with problem gambling and responsible gaming. In 2001, it developed a New Era document that reflected its commitment to ensure that programs are in place across the Province that are designed to minimize the negative impact of gambling on individuals, families and communities.

In fiscal 2003-04, gambling yielded a net income of approximately $727M to the Province. Gambling facilities and services are comprised of lotteries, casinos, bingo, charitable gambling and horse racing. In the same fiscal period, a budget of $4M was approved for the problem-gambling and responsible-gaming program.

The program's goals are to reduce the incidence of problem gambling, to reduce the harmful impacts of excessive gambling on the gambler and his or her family and community and to ensure that the delivery of gambling is done in a manner that encourages responsible gaming and healthy choices.

The program includes the following:

a) a community-based counselling service that is provided under contract by funded agencies and qualified counsellors in private practice. The service is delivered free of charge by telephone or in person and is available to problem gamblers, those at risk of becoming problem gamblers, their families and friends. It targets groups including youth, seniors, aboriginal and ethno-cultural communities;

b) the training of treatment counsellors and those delivering prevention/awareness and educational programs;

c) a requirement that casinos provide a voluntary self-exclusion program under which anyone may ask to be barred from all casinos and bingo halls for a specific period of time;

d) a 24-hour toll free Helpline;

e) a Province-wide prevention/awareness and education strategy that includes the distribution of materials such as brochures, posters, pamphlets, Helpline stickers and other information that is available at all casinos, commercial bingo halls and lottery retail outlets;

f) a website that provides information on gambling and problem gambling including the odds of winning and myths about normal gambling behavior;

g) the creation and enforcement of advertising and marketing standards for the gaming industry;

h) research initiatives.

Prior to 2002, the Ministry of Health had responsibility for the development and delivery of the program. In 2002, the program was transferred to the Gaming Policy and Enforcement Branch (GPEB) of the Ministry of Public Safety and Solicitor General, the regulator of most gambling within the Province. Pursuant to the provisions of the Gaming Control Act, 2001, it is now the responsibility of the General Manager of this Branch to ensure that the necessary services and programs are in place. Two FTEs were transferred from the Ministry of Health to the Branch and an additional three provincial coordinators responsible for First Nations, youth and demographic target populations were added. The Branch coordinates all of the treatment, prevention/awareness and educational services that are provided as well as directing research.

Each year, the Branch applies to Treasury Board for funding. Funding is based on an assessment of service demand and program utilization. Statistics are kept for these and other purposes.

In fiscal 2003-04, funding was allocated as follows:

Treatment	-	$ 1,615,000	(40%)
Prevention	-	1,020,000	(26%)
Helpline	-	175,000	(4%)
Research	-	310,000	(8%)
Administration *	-	880,000	(22%)
Total:		$ 4,000,000	(100%)

* Administration includes head office expenses, website, program-development, training, etc.

In order to provide treatment services, the Branch issues a Request for Qualification that is directed to treatment counsellors throughout the Province. Those approved are then entitled to provide treatment services to clients based on a maximum total of 350 treatment sessions per year per counsellor. Counsellors are paid $200 for 3 1/2 hours of sessions per client. There is no limit to the number of sessions that can be provided to any one client.

Most of the qualified counsellors are in private practice, but some are associated with addiction treatment agencies within communities. A total of 17 FTE clinicians are now providing treatment services. Statistical reports on treatment are submitted to the Branch regularly and payment for services is based on a fee-for-service model. The Branch finds that this method of providing services creates a higher level of accountability and better value for money than a block fee annual payment method. Under the Ministry of Health, it was very difficult to determine precisely how much money was being spent on problem gambling rather than on treatment for alcohol and substance abuse.

Accurate statistics have only been available since November, 2003, and so it is too early to measure treatment outcomes. However, since that time, approximately 800 clients have received treatment. Projecting this figure over a 12-month period suggests that the system will treat approximately 1,200 clients. Accordingly, each FTE clinician will treat approximately 70 clients.

A Request for Qualification was also the method used in order to secure prevention/awareness services. A total of 12.5 FTE prevention/awareness providers are now under contract to the Branch in addition to the three coordinators in order to provide these services province-wide. Many of the prevention-services providers are also providing treatment.

Prevention/awareness services are based on the needs of specific geographical areas and consist of programs similar to those offered in Ontario. These include community/regional awareness presentations with approximately one-half targeted to at-risk groups, distribution of problem-gambling information packages, meetings with employee assistance personnel and other allied professionals, meetings with gaming industry representatives and the delivery of training sessions to community workers, allied professionals and gaming industry personnel.

The Branch has developed and delivered one public awareness advertising campaign at a cost of $250,000. This campaign ran for three months and involved placing advertisements outside and inside transit vehicles and transit shelters throughout the Province. It also included advertisements in community newspapers. The campaign was evaluated using focus groups. The results suggested that the campaign was only moderately successful. Many people do not use public transit nor read community newspapers. The Branch concluded that a more far-reaching media marketing campaign is required even though the costs will be substantial.

The Branch operates a website that provides extensive information on gambling, problem gambling and responsible gaming. It includes a full description of the odds of winning various games. It also seeks to dispel myths and mistaken beliefs about gambling practices. There is extensive information available as to how to gamble responsibly.

The objective of the research directed by the Branch is to provide evidence for future planning, policy development and resource allocation. It is designed to help determine the kinds of services that the general public and specific populations need in order to effectively treat problem gamblers and educate the public on gambling and risk-avoidance techniques.

The British Columbia Lottery Corporation (BCLC) manages and operates the casinos and commercial bingo establishments in British Columbia. It has developed a comprehensive program for responsible gaming that it operates both alone or in partnership with the Gaming Policy and Enforcement Branch.

In order to further advance the treatment of problem gamblers, the BCLC provides information to treatment providers and addiction specialists on how gaming is delivered in British Columbia. Training is provided to the BCLC staff on problem-gambling and responsible-gaming issues. The BCLC also distributes informational material in all gaming facilities and distributes posters, brochures, stickers, information on odds and how games work. Through a responsible-gaming messaging program, it distributes the responsible-gaming message on all of its collateral material. It assists researchers by tracking the effect of its ad campaigns, its awareness programs and its voluntary self-exclusion program. It is currently testing facial recognition technology for possible use in its self-exclusion program.

In partnership with the Gaming Policy Enforcement Branch, the BCLC participates in responsible-gaming forums and community consultations, the responsible-gaming website and the development of staff training programs designed to inform staff on appropriate responses to patrons with problems. It also participates in partnered research examples of which are the 2003 problem-gambling prevalence study and a social- impact study on the Lower Mainland. It is working on developing strategies for special populations and at-risk target groups including youth.

In fiscal 2003-04, $250,000 was allocated by the BCLC for its responsible-gaming program. However, much of what is done is integrated into other divisional budgets such as distribution costs, some printing costs and the cost of security personnel to manage the self-exclusion program, and so an amount in excess of $250,000 is actually spent.

ii) Manitoba

The Province of Manitoba has been in the forefront of developing and implementing innovative strategies for dealing with problem gambling and responsible gaming.

The legislative mandate for dealing with problem gambling belongs to the Addictions Foundation of Manitoba (AFM), a statutory body that is separate from the Ministry of Health and that also provides treatment for alcohol and substance abuse. AFM has 23 facilities located throughout Manitoba. The responsibility for treating problem gamblers was added to the responsibilities of existing facilities that were already in place to treat those who abused alcohol and drugs.

The AFM works in partnership with the Manitoba Lotteries Corporation (MLC), the statutory body charged with the management and operation of provincial gaming facilities within the Province, in developing and delivering programs dealing with responsible gaming. As in other jurisdictions, these programs are designed to provide the public with information that will permit it to address gambling in a healthy and responsible manner. This form of education focuses on making the public aware of how games operate, the odds of winning, myths associated with gambling and the risks of developing unhealthy gambling practices.

In June, 2004, Manitoba amended its Gaming Control Act by including a policy for problem gambling and responsible gaming and giving its regulator, The Manitoba Gaming Control Commission, the authority to implement and enforce the details of the policy. Accordingly, when this legislation is proclaimed, a partnership of three organizations, viz. the Gaming Control Commission, Addictions Foundation of Manitoba and the Manitoba Lottery Corporation, will be involved in the delivery of problem- gambling and responsible-gaming programs.

In fiscal 2003-04, gambling yielded a net income of approximately $260M to the Province. Gambling facilities and services are comprised of lotteries, casinos, VLTs at a racetrack and in bars and social clubs, bingo, keno, charitable gambling and horseracing. In this same fiscal period, $2.8M was dedicated for problem-gambling and responsible-gaming programs.

The problem-gambling and responsible-gaming programs include the following:

a) a community-based counselling service that is provided in the 23 offices of the Addictions Foundation located throughout the Province. The services are delivered free of charge in person or by telephone and are available to problem gamblers, those at risk of becoming problem gamblers and their spouses and family members;

b) the training of treatment counsellors and those delivering prevention/awareness and education programs;

c) the training of employees of the Lottery Corporation, lottery agents and VLT site holders on issues related to problem and responsible gambling;

d) a voluntary self-exclusion program at casinos under which anyone may be asked to be barred from the casinos for a period of two years;

e) a 24-hour, seven days-a-week toll free Helpline;

f) province-wide prevention/awareness and education programs that include the distribution of materials such as brochures, pamphlets, Helpline cards and other information that is available at casinos, VLT sites and lottery retail outlets;

g) websites operated by both the Addictions Foundation and the Lottery Corporation that provide information on gambling, problem gambling and responsible gaming including information on treatment services, the odds of winning and myths about normal gambling behavior;

h) the creation and enforcement of advertising and marketing standards;

i) the evaluation of programs, particularly those involving pilot projects.

The Lottery Corporation provides funding for the Manitoba problem-gambling and responsible-gaming strategy. The Addictions Foundation submits a budget for its treatment and prevention/awareness and education services to the Ministry of Healthy Living that then directs the Lottery Corporation to forward funds to the Addictions Foundation. In fiscal 2003-04, funding was approximately as follows:

Treatment	-	$1,100,000M	(39%)
Prevention/Awareness and Education	-	1,500,000M	(54%)
Research	-	200,000M	(7%)
Total:		$2,800,000M	(100%)

The funding for treatment services is based on the number of FTEs required having regard to service demands. In Winnipeg, there are five FTEs who deliver only gambling treatment services while seven other FTEs provide prevention/awareness and education services as well. In the smaller communities, for the most part, treatment counsellors also provide prevention/awareness and education programs devoting approximately 25% of their time for this latter purpose. These counsellors deliver services to alcohol and substance abuse clients as well.

In sum, there are a total of 10 FTEs in the Province providing treatment services and an additional 10 FTEs providing prevention/awareness and education services. In fiscal 2003-04, the treatment counsellors saw 535 clients for an average of 53.5 clients per counsellor. The average number of sessions (two hours per session) with each client was three. Thirty percent of the clients attended only once. Officials at Addictions Foundation advise that a treatment counsellor can handle a caseload of 120 clients per year and that a full treatment program would consist of eight sessions for each client. Officials at Addictions Foundation also indicate that gambling-treatment services are under-used and that the time of some treatment FTEs is used for additional prevention/awareness and education programs and/or the treatment of alcohol and substance abuse clients.

In fiscal 2003-04, the Lottery Corporation funded and Addictions Foundation operated a pilot project offering a residential treatment program for seriously addicted gambling clients. Located at Brandon, Manitoba, clients spend 14 days in a co-educational residential facility and receive individual and group counselling. Clients are also exposed to information regarding family relations and money management. A formal evaluation of this project indicates that 42% of the clients continued to have gambling problems while 58% either quit gambling or are able to keep their gambling under control. There are no established benchmarks that would measure the value of this service, but the project is considered to be a success. The pilot project will continue in fiscal 2004-05 and will likely become a permanent treatment resource.

While there have been limited evaluations of all treatment outcomes in the past, it is expected that a full evaluation of all treatment programs will take place in fiscal 2005-06. In 1998, an evaluation of treatment outcomes took place measuring the degree of satisfaction that clients had with the services provided. The satisfaction rating was high.

As in other jurisdictions, prevention/awareness and education services are based on the needs of specific communities. These services include the distribution of information on gambling, problem gambling and responsible gaming and conducting general awareness sessions throughout the Province. Some programs target special populations such as elementary- and secondary-school students, youth, seniors, Aboriginals and ethno-cultural communities. Programs are also provided to probation services and creditor/debtor counsellors. At the present time, there are no plans to seek curriculum changes in the school systems to include educational materials on problem gambling and responsible gaming.

At present, the Addictions Foundation is involved in a pilot project designed to make middle-school students (grades seven and eight) aware of gambling and problem-gambling issues. This project consists of a computer-based model that is interactive. It has yet to be evaluated.

The Addictions Foundation and the Lottery Corporation are jointly involved in an innovative program that adds responsible-gaming software to all of the VLTs at the racetrack and in bars and social clubs. Before a player begins play, a reminder pops up on the screen reminding the player that the machine is a form of entertainment and that there is a cost to play as the machine is programmed to take in more money than it pays out. The player is told that he or she may occasionally win but that over time, the player will spend money. The message frankly reads..."The more you play, the more you pay." Further screens provide information on responsible gaming. The screen also features a time-of-day clock, a cash display designed to assist the player to play within his or her budget, an ability to set a time limit for play, pop-up reminders of time and a mandatory cash-out to provide breaks in play. There is also information about the odds of winning and where to go in order to seek help with a gambling problem. No evaluation of this program has been done as yet.

The Addictions Foundation and the Lottery Corporation are also jointly involved in a pilot project that places an AFM treatment counsellor in an office in the McPhillips Street Station Casino in Winnipeg. This office is open six days a week from noon until eight p.m. In addition, a counsellor is on call 24 hours a day to deal with any crisis interventions that may be necessary. The counsellor is there to provide information to any client on gambling, problem-gambling and responsible-gaming practices. A computer is on location with a software program that permits a person to learn how slot machines operate so that he or she will understand the odds of winning and the principle of randomness. The counsellor is available to refer a person to treatment, to assist with the voluntary self-exclusion program and to provide whatever assistance and information the client may wish to have on issues relating to gambling. This program is about to be extended to the Regent Casino in Winnipeg as well.

The voluntary self-exclusion program exists at both Winnipeg casinos. A person can sign a document agreeing that he or she will not be entitled to entry at a casino for a period of two years. A photograph of the patron is taken and circulated to all casino security staff. At the end of the two-year period, the patron can apply for re-admission. The patron must take an information course offered by AFM prior to being re-admitted. With approximately 500 photos in circulation at any given time, the program is manageable.

The Lottery Corporation has conducted two media advertising campaigns on responsible gaming. The first campaign took place in 2001 and used print, radio and television ads. This campaign was described as a "soft" campaign, the ads were informative but not hard hitting. The second campaign in 2003 was much more hard-hitting. Evaluations following each campaign measured the recall of viewers and listeners. In both cases, the television ads led to the highest rate of recall.

The Lottery Corporation has also held Problem Gambling Awareness Weeks at its two casinos. These events were designed to highlight the issue of problem gambling and provide patrons with information of this subject and on gambling in general. The Lottery Corporation hopes to deliver this program in other venues in the future.

The Lottery Corporation and the Addictions Foundation are currently engaged in a pilot project that will provide training and information to lottery retailers on problem gambling. Personnel from the Addictions Foundation will be doing the training. Of the people who telephone the Helpline, only 2% indicated that a problem exists because of lottery purchases.

In addition, in co-operation with the Lottery Corporation, the Manitoba Gaming Control Commission, the Manitoba Hotel Association and the Manitoba Restaurant Association, a training program was developed and delivered by Addictions Foundation to staff at VLT locations. This training was designed to give its recipients the tools to provide appropriate assistance to customers experiencing problems as a result of gambling. Following a pilot project, this training program became mandatory.

The Problem Gambling Helpline is operated by the Addictions Foundation. It is a 24 hour-a- day, seven day-a-week Helpline with a toll free number. The calls are answered by trained AFM staff who are able to provide information to callers and refer them to treatment counsellors or to related professionals such as family counsellors and creditor/debtor counsellors. Telephone staff can also provide crisis intervention. Because it is the AFM that operates the Helpline, treatment appointments can be arranged during the call. Information about the Helpline, including the telephone number, is made available on lottery tickets, at all gambling sites, on cards placed at VLT terminals, on posters and on most print materials created by both the Addictions Foundation and the Lottery Corporation. The Addictions Foundation includes the cost of operating the Helpline within its overall treatment budget.

In fiscal 2003-04, the Helpline received 3,136 calls with 1,859 calls relating to gambling issues or seeking information and/or referral to treatment. The balance of 1,277 calls sought winning lottery numbers or were prank calls. The Helpline also serves those seeking assistance with respect to substance abuse. A research report was prepared for the Addictions Foundation in 2003 that provided information on caller profiles, gambling patterns and some of the effects of gambling.

In the past, prevention/awareness and education services have been planned and delivered on a provincial basis by the Addictions Foundation. Often, the Lottery Corporation was included in the planning and delivery phases. It is anticipated that this centralized planning will continue under the new mandate of the Manitoba Gaming Control Commission.

The Manitoba problem-gambling and responsible-gaming strategy involves very little traditional research. Rather, research dollars are spent on evaluating programs, particularly those involving pilot projects. Manitoba is co-operating with other provinces on research projects and prefers to allow provinces such as Ontario and Quebec to carry the major portion of research that is being done in Canada.

iii) Nova Scotia

The Province of Nova Scotia was one of the first jurisdictions in North America to address the issues of problem gambling and responsible gaming. It has been recognized as a leader and innovator in this field for many years. Its overall strategy is to provide gamblers, the public in general, employees in the gaming industry, site holders at VLT locations and lottery-ticket retailers with sufficient information and resources to ensure that gambling is carried out in a responsible manner. It also seeks to ensure that gambling products and service features and programs contribute to this same goal. Finally, it provides treatment facilities and services for those who are experiencing problems with gambling.

Gambling in Nova Scotia consists of commercial-type casinos, lotteries, VLTs in premises licensed to sell alcoholic beverages, bingo, keno, charitable gambling and horseracing. In fiscal 2003-04, provincially operated gambling operations contributed approximately $178M to the Province. In that same period, the Province dedicated $1.8M to its problem gambling and responsible gaming programs.

The programs include the following:

a) a community-based counselling service that is provided in 38 locations throughout the Province and operated by the Ministry of Health, Addiction Services Division (ASD). The services are delivered free of charge in person or by telephone and are available to problem gamblers, those at risk of becoming problem gamblers and their spouses and family members;

b) training of treatment counsellors and those delivering prevention/awareness and education programs;

c) training of Nova Scotia Gaming Corporation (NSGC) employees, including those working in casinos, site holders at VLT locations and lottery ticket retailers on issues related to problem gambling and responsible gaming;

d) a voluntary self-exclusion program at casinos;

e) a 24-hour, seven-day-a week Helpline;

f) prevention/awareness and education programs that are offered throughout the Province that include distribution of materials such as brochures, posters, the Helpline number and other information that is available at gambling locations and on websites;

g) Responsible Gambling Awareness weeks that include media advertising, information booths at gambling sites and at other locations within communities;

h) the creation and enforcement of advertising and marketing standards;

i) research initiatives.

Four separate organizations are responsible for the strategy, viz. the Ministry of Health Promotions, the Nova Scotia Gaming Foundation, the Nova Scotia Gaming Corporation and the Nova Scotia Alcohol and Gaming Commission.

The Ministry of Health Promotions, Addiction Services Division (ASD), receives approximately $1M annually from casino revenues in order to operate treatment and counselling facilities, the training of treatment counsellors and the operation of the Helpline. ASD counsellors also perform community outreach on awareness/prevention issues regarding problem gambling and responsible gaming.

The Nova Scotia Gaming Foundation is a not-for-profit organization with a voluntary, community-based Board of Directors. It receives 1% of VLT retailer commissions that is matched by a similar sum from VLT revenue for the purposes of funding community projects relating to prevention/awareness and education, treatment and research. In fiscal 2003-04, this totaled approximately $800,000. In fiscal 2003-04, the Foundation allocated approximately $320,000 of its budget to the funding of treatment and so the overall allocation of Provincial funding was as follows:

Treatment	-	$1,320,000	(73%)
Prevention/Awareness	-	180,000	(10%)
Research	-	300,000	(17%)
Total:		$1,800,000	(100%)

Included in the item "Treatment" is the sum of $420,000 that is allocated for the operation of the Helpline. This item falls under "Treatment" because the Helpline operators are all trained counsellors who provide telephone counselling services as well as information on treatment services, creditor/debtor counselling and family counselling. Helpline counsellors are capable of taking on individual clients and providing telephone counselling over an extended period of time.

The Nova Scotia Gaming Corporation has the statutory mandate under the Gaming Control Act to deliver provincial gaming products and service in a socially responsible manner and to seek to minimize problem gambling, illness and criminal and socially disruptive activity. The Nova Scotia Alcohol and Gaming Commission has the statutory mandate to regulate gambling activity within the Province in the public interest.

Treatment services are provided at clinics that were already providing services for alcohol and substance abuse clients. There are now 18 FTE counsellors in place who are providing services to problem gamblers. Twelve counsellors only treat problem gambling clients and their families while the other six FTE counsellors treat alcohol and substance abuse clients as well. These six FTE counsellors also provide some community outreach services on prevention/awareness issues, and the quantity of such services depends on caseload pressures. Counselling includes individual and group therapy. A limited number of residential spaces are available to deal with crisis situations. Of the 12 counsellors who only treat problem-gambling clients, seven are assigned to operate the Helpline. All treatment counsellors receive extensive and ongoing training on problem-gambling matters.

Overall, the data systems in place provide limited and incomplete statistics on the number of visits per client and the number of hours spent with each client. There is also no information on treatment outcomes as longitudinal studies have not been initiated.

In the area of prevention/awareness, the Foundation funds a number of community-based projects that are designed to raise the level of knowledge and awareness of problem-gambling issues within communities. Applications to the Foundation are made by non-profit groups for the funding of projects that each group considers appropriate. There is no overall strategy for prevention/awareness and education in the Province, and so the initiative for program development comes from the bottom up rather than the top down. The programs include the development, use and distribution of materials that are commonly used in this area in other Provinces. Some programs are directed to special population groups such as youth and senior citizens.

In many cases, focus groups are organized for the purposes of both developing and evaluating prevention/awareness programs. Evaluation is based on measuring knowledge and retention levels. Examples of projects funded by the Foundation include gambling information workshops, gambling and cross-cultural counselling, a VLT harm reduction study and a program on problem-gambling prevention for grades four to six. In fiscal 2003-04, the Foundation spent approximately $144,000 on prevention/awareness, $295,000 on research and directed $320,000 to treatment facilities as operational funding. There is no overall strategy in Nova Scotia guiding the funding of research projects.

A Helpline has been in place in Nova Scotia since 1996. It is operated by the Addiction Services Division and is available 24 hours-a-day, seven days-a-week. The operators who answer calls are all trained treatment counselors and, in addition to providing information on gambling, treatment services and the services of allied professionals, they can offer direct telephone counselling. The annual budget of the Helpline is $420,000 and it includes the operation of a website. In fiscal 2003-04, the Helpline received approximately 3,500 calls.

Research is another component of the overall problem-gambling and responsible-gaming strategy in Nova Scotia. A limited amount of research is funded by the Foundation and in some cases, it contributes funds to larger research projects such as the major gambling prevalence study which was completed by the Addiction Services Division in 2003. Most of the money spent on research in Nova Scotia comes from the budget of the Gaming Commission.

The Nova Scotia Gaming Corporation has raised its level of pro-activity in the area of responsible gambling in the past year. It has developed a strategy that outlines the policies, objectives and programs that it intends to put in place based on the need in the marketplace. The strategy seeks to ensure that players, retailers and gaming employees have resources to support those persons who exhibit gambling problems, to introduce new products, product features and programs that discourage excessive play and to avoid duplication of effort with other stakeholders. The goal of the strategy is to enable the player and the public to have access to relevant information so that they can make informed gambling decisions, to encourage responsible play by providing a responsible gaming environment to the player, to provide linkages to professional treatment and to make informed decisions on responsible gambling by pursuing pragmatic, scientific research. The Corporation has made responsible gaming a part of the responsibility of every area of its business.

In fiscal 2003-04, the Corporation spent $1.8M from its own budget on responsible gaming. Approximately one half of this amount was spent on responsible-gaming programs while the other half was spent on research and evaluation. The programs include a Responsible Gambling Awareness Week that involves informational presentations in casinos and at community locations, media advertising and the distribution of material on problem gambling. The Corporation is also involved in the training of its staff on problem-gambling and responsible-gaming issues and the training of its VLT site-holders and its lottery-ticket retailers. It also prepares and distributes informational material on problem gambling and responsible gaming at its gambling sites and it operates a website.

Responsible-gaming software has been added to all VLTs in Nova Scotia. The software permits players to set the time of play and provides them with a time-of-day clock on screen. The program also exhibits credits in dollar amounts and cash-out reminders with an automatic cash-out at 150 minutes of play. Relying on gambling-prevalence studies, the Corporation has identified VLT play as the greatest contributor to problem gambling and it has focused a major part of its efforts on dealing with this issue.

A voluntary self-exclusion program is in place in Nova Scotia. It is administered by the Nova Scotia Alcohol and Gaming Commission. If an individual self-excludes but wishes to re-enter casino sites, he or she must apply for a hearing before the Commission. The Commission requires evidence that the individual has resolved his or her gambling problems and can now gamble responsibly before the person is re-admitted.

With the use of a discussion paper issued in August, 2004, the Corporation and the Addiction Services Division are seeking input from the public at large on the future direction of gambling in Nova Scotia with major emphasis on treatment, prevention/awareness and research in the areas of problem gambling and responsible gaming. The exercise seeks to lead to the creation of a proper balance between the economic sustainability of the gambling industry and the discharge of the Province's social responsibility to the public.

iv) Quebec

Prior to 1997, the only organization involved in responsible-gaming programs in the Province of Quebec was Loto-Quebec (LQ), the government agency that operates lottery and gambling sites within the Province. LQ funded a Helpline and a limited amount of research. Limited treatment for problem gamblers was carried out by government and community health-care facilities that were already providing services for those who abused alcohol and drugs.

In 1997, the Government of Quebec began to enlarge its treatment programs for problem gamblers. Treatment services were added to the mandate of existing substance-abuse clinics, and the number of treatment counsellors that provided services for problem gamblers began to grow. In addition, many of these counsellors began to provide outreach services within their communities on problem-gambling issues and responsible-gaming practices. By 1999, approximately $10M per year was allocated for these and other ancillary services.

In fiscal 2003-04, the Government received approximately $1.5B in revenue from gambling activities conducted by LQ. In that same period, the Government allocated approximately $20M for its strategy on problem gambling and responsible gaming. Three million dollars of that amount went to the Ministry of Public Security for the partial funding of the regulator of gambling, the Alcohol and Gaming Commission. The balance of the funds were allocated approximately as follows:

Treatment	-	$10,500,000	(62%)
Prevention/Awareness	-	5,000,000	(29%)
Research	-	1,500,000	(9%)
Total		$17,000,000	(100%)

Gambling services and products available in Quebec include casinos, VLTs in bars, restaurants and convenience stores, lotteries, bingo, charitable gambling and horseracing. There is currently an initiative underway to move some of the VLTs from bars, restaurants and convenience stores and place them in four of the racetracks within the Province.

Health-care services in Quebec are regionalized. As a result, approximately $10M of the allocated funding within the strategy is distributed to some 16 regions that, in turn, fund treatment services, prevention/awareness and some research projects within their respective regions. The remainder of the allocated funds, some $7M, is designated for province-wide programs that are funded on a centralized basis by the Ministry responsible for the entire strategy, the Ministry of Health and Social Services. As in the case of Ontario, in the past two years not all of the funds that were allocated were actually spent. The Ministry has retained and held a total of approximately $6M for future use. There is a good deal of controversy as to why and on what basis this was done.

Some of the funds that are made available to the regions are distributed to community organizations that provide information and prevention/awareness programs within the community. Each region invites proposals from community groups for the allocation of these funds.

Overall, the programs provided by the strategy in Quebec include the following:

a) community-based counselling and treatment services that are provided in each of the 16 regions. In some centres, these services are provided at hospitals and/or established treatment clinics. The services are delivered free of charge in person in individual or group sessions. The services are available to gamblers and to their families;

b) the training of treatment counsellors and those delivering prevention/awareness and education programs;

c) the training of employees of Loto-Quebec including those working in gambling sites;

d) a voluntary self-exclusion program at casinos;

e) 24 hour/seven days-a-week Helplines;

f) prevention/awareness and education programs primarily offered by community groups that are funded to do so within the regions;

g) research initiatives.

While the Ministry of Health and Social Services has the overall responsibility for the strategy, there is an inter-ministerial committee in place to oversee and advise. This committee is comprised of representatives of the Ministry of Health and Social Services, the Ministry of Finance, Loto-Quebec and the Ministry of Public Security.

When the Government decided to enlarge treatment services, it did so on the basis of gambling-prevalence studies that it conducted and/or funded. These studies determined that 2% of the approximately 5.5 million adults within the Province would have gambling problems and that 3% of that 2% would seek treatment. Based on the spread of the population within the regions, the Government added problem-gambling counsellors on the basis that counsellors in Montreal would be expected to see 30 clients per year while those in the rest of Quebec would see 60 clients per year. The balance of a counsellor's time would be used for community outreach and also to treat alcohol and substance-abuse clients. It was recognized, and apparently accepted, that "gambling funds" would be used for "non-gambling" purposes. It was also recognized that many clients would present with multiple-addictions and other mental-health and social problems.

In the last fiscal year, some 4,217 clients received treatment from approximately 300 treatment counsellors. As many of these counsellors were also treating other clients, it is not possible to determine the average problem-gambling client caseload per counsellor.

It was and remains accepted that this entire area of treatment was relatively new and evolving. In some cases, more money than was needed was sent to some regions. No value-for-money assessments were carried out. In this way, regional infighting for resources was avoided.

In the area of prevention/awareness and education, many of the same programs that are in place in other Provinces are also available in Quebec. These include the distribution of information literature, posters, billboards, workshops and media advertising. The Ministry of

Health and Social Services produces much of the material that is then made available within the regions in the form of kits.

But, for the most part, the Ministry leaves it to local regional authorities to fund projects that are considered of value having regard to the specific needs of each community. Special emphasis is given to programs directed to youth, ethno-cultural communities and VLT players. It is recognized that VLTs cause the most problems for gamblers. Some of the funds are used for evaluations of the programs that are approved by the region. Otherwise, there is no overall strategy in place for dealing with the prevention/awareness component of the strategy, and regionalization has led to a fractured approach.

As noted earlier, there are Helplines in place in each region. Unlike many jurisdictions, there is no centralized Helpline and so there is an element of duplication in the Quebec system. Helplines provide information and referrals to local treatment facilities and to allied professionals such as family services and creditor/debtor counselling. Duplication also exists in many regions in other areas of prevention/awareness programming. This is a result of the regional structure and regional autonomy.

The Quebec strategy also funds research. Most of the funds available each year ($1.5M) are sent in approximately equal amounts to the Centre for Excellence at the University of Laval and to the Youth Gambling Institute at McGill University. Of the approximately $750,000 that each organization receives, approximately $500,000 is earmarked for infrastructure and programs and the balance for specific research projects. Both organizations also receive funding from other sources such as government ministries and members of the gambling industry. Both Quebec organizations are recognized as top research organizations world-wide.

In addition to conducting specific research projects in the areas of problem gambling and responsible gaming, the Centre for Excellence also trains employees in the gambling industry. The Youth Gambling Institute, as its name suggests, focuses on issue relating to youth gambling such as why certain individuals are at greater risk, the impact of the internet on youth gambling and the effects of specific forms of advertising on youth. In addition, the Institute conducts workshops for professionals working with youth and prepares special material directed to youth.

Following the formal placement of the principal responsibility for the Quebec strategy on problem gambling and responsible gaming with the Ministry of Health and Social Services in 2001, Loto-Quebec ceased to fund a Helpline and external research projects. However, it continued to develop its own programs to deal with problem gambling and responsible gaming.

In fiscal 2003-04, Loto-Quebec devoted approximately $4.3M from its operating budget to fund its problem-gambling and responsible-gaming programs. These programs include a voluntary self-exclusion program, the distribution of information in the form of brochures, pamphlets and posters, the training and education of its casino employees and VLT site-holders, self-evaluation computer terminals in casinos, the addition of software to VLTs that provide a time-of-day clock, the reduction of the speed of each game, limiting maximum wagers, credits expressed as dollars and a reduction in the glitz appeal of the machines. Loto-Quebec promotes the telephone numbers of Helplines on lottery tickets and at slot and VLT sites. Loto-Quebec also includes problem-gambling messaging on its promotional media advertising.

In 2004, Loto-Quebec published its Development Plan: 2004 - 2007 that includes a number of proposals for the direction of gambling in Quebec. Among other things, it recommends that the overall responsibility for the problem-gambling and responsible- gaming strategy should be moved from the Ministry of Health and Social Services to a newly formed independent non-profit organization. As reasons, it cites the apparent conflict of interest in government as both the operator of gambling facilities and protector of those with gambling problems. It also cites the bureaucratic difficulties within the Ministry. It recommends that the Board of this new entity should be comprised of representatives of the public and the existing stakeholders within the gambling industry.

v) **Alberta**

In Alberta, the Ministry of Gaming was created by statute in 1999. Among other responsibilities, this Ministry, through its Department of Gaming, has the mandate of ensuring that Alberta's gaming industry operates with integrity and honesty and in a socially responsible manner.

The Ministry is responsible for the regulation of gambling, the Alberta Gaming and Liquor Commission, the Alberta Lottery Fund and the Alberta Gaming Research Council. In addition to its regulatory responsibilities, the Commission receives funds from the Lottery Fund for the purposes of providing a problem-gambling and responsible-gaming program for the Province.

The Ministry of Gaming has a policy commitment to social responsibility in the delivery of gambling products and services. In fiscal 2003-04, a total of $1.09B was received by the Province from provincially operated gaming facilities. Gaming in Alberta includes charitable gaming (bingo, charity casinos, raffles and pull tickets), lotteries, VLTs, slot machines and horseracing.

In fiscal 2003-04, $5.9M was made available for the problem-gambling and responsible-gaming strategy. From these funds, $4.3M was forwarded to the Ministry of Health and Wellness for treatment, prevention/awareness and education purposes and $1.6M was devoted to research. A branch within the Ministry, the Alcohol and Drug Abuse Commission (AADAC) is responsible for providing treatment and counselling for problem gamblers and their families, and prevention/awareness and education programs for the general population and for target groups such as youth and seniors.

Treatment and counselling services in Alberta are integrated with the treatment of those who abuse alcohol and drugs. Treatment is provided in 42 community-based facilities that also provide prevention/awareness and education programs. There are training programs for those providing treatment and for lottery retailers and VLT site holders.

Prevention staff also receive training as do those who work within the gambling industry in casinos and at VLT locations. A Helpline is in place and is operated by Alcohol and Drug Abuse Commission. A voluntary self-exclusion program that is required by the Gaming Commission and operated in co-operation with the Alocohl and Drug Abuse Commission, exists in casinos and racetrack entertainment centres. Alberta intends to extend this program to bingo locations as well.

The Gaming Commission has recently introduced responsible-gaming features on its VLTs that provide a time-of-day clock on the screen, credits expressed as dollar amounts and an ability for the player to set time-limits of play.

The Ministry intends to further develop its website to include information for elementary and high school students. It also intends to develop a TV ad campaign for the general public on responsible gaming.

In Alberta its gaming regulator, the Alberta Gaming and Liquor Commission, has the overall responsibility for the problem-gambling and responsible-gaming strategy. This includes the responsibility to advise on the policy issues regarding research, but the research itself is organized by the Alberta Gaming Research Institute that is a consortium of three Alberta Universities, viz. the University of Alberta, the University of Calgary and the University of Lethbridge. The

Institute sponsors research on a broad range of gambling issues including the social and economic impact of gambling, the benefits derived from gambling, problem gambling and prevention, Aboriginal gambling issues and trends in gambling.

vi) The United States of America

Gambling in the United States is regulated at the state and local levels. Accordingly, there are 50 states (not all of which have 'commercial' gambling facilities) and 561 Native American jurisdictions to consider, each with its own set of regulations and programs regarding problem gambling and responsible gaming.

Problem gambling and responsible gaming have only recently become an issue in the United States. Most jurisdictions have neither a formal policy nor a state agency in place to deal with these matters. In many cases, the sole providers of services for problem gamblers are non-profit organizations, many of which are affiliates of the National Council for Problem Gambling such as the California Council on Problem Gambling, the Massachusetts Council on Compulsive Gambling and the Maryland Council on Problem Gambling.

American jurisdictions have been slow in developing this area due, in part, to the structure of the American health-care system. Until recently, problem gambling has been classified as a mental health disease and, accordingly, the availability of treatment mainly depended on private health-care insurance or, in the case of those without such insurance, the willingness of the state to devote funds for this purpose. Given that the disorder was seen as an illness, many were unwilling to accept that responsible-gaming programs could usefully influence a person's behaviour. As a result, funding tended to gravitate toward research.

Only 16 states provide formal funding or assistance for problem gamblers. In some cases, the state provides funds to its Council on Problem Gambling which, in turn, provides the services. In other cases, the state provides the services through a state agency, usually connected to its Department of Health, Alcohol and Drug Abuse branch. In jurisdictions where the state provides no funding, the local Council on Problem Gambling secures funding for its activities from the gaming industry and through local fundraising efforts

By way of examples, the Arizona Lottery funds a Responsible Gambling Program with an annual budget of approximately $500,000 of which half is dedicated to education and awareness and half for treatment. The services provided include information, crisis intervention, referral to counsellors, newspaper and telephone directory ads, brochures, posters, billboards and radio ads. A Helpline telephone number is printed on lottery tickets.

In Connecticut, the State provides an annual budget of $1.5M to the Connecticut Department of Mental Health and Addiction Services which funds prevention programs offered by the Connecticut Council on Problem Gambling and by State employees. It also funds a Helpline operated by the Council. Counsellor training is also funded by the State and some treatment facilities are provided by contracted agencies on a fee-for-service basis.

Louisiana provides its Office for Addictive Disorders with an annual budget of $2M for its Problem and Compulsive Gambling Fund. Services provided from the Fund include a Helpline, treatment services, prevention programs and media advertising.

Maryland provides an annual budget of $21,000 to fund a Helpline. New York provides an annual budget of $2.5M that funds a Helpline and public awareness program operated by the New York Council on Problem Gambling, and outpatient therapy is paid for on a fee-for-service basis.

Washington State provides an annual budget of $500,000 directed entirely to a treatment program with special emphasis on treating youth and young adults.

Oregon provides a substantial amount of money for problem gambling and responsible gaming from its State lottery funds. In fiscal 2002-03, approximately $7.1M was made available. Treatment is provided by a mix of community mental-health centres and private, non-profit agencies on a fee-for-service basis. Prevention/awareness services are provided by local contractors and government employees and consist of television commercials, posters, presentations to various groups and video tapes. The Oregon Gambling Addiction Treatment Foundation, an affiliate of the National Council on Problem Gambling, provides public information on problem gambling and also conducts research. Recently, Oregon announced a new program that will serve problem gamblers resident in a women's correctional facility.

Iowa is one of the most progressive States in dealing with problem gambling and responsible gaming. In the past year it spent approximately $2.2M on its programs and offered treatment for problem gamblers, information on responsible gaming, referral to self-help organizations and crisis intervention. Iowa promotes responsible gaming with television, newspaper and radio ads, billboards, phonebook listings, brochures, posters and a website. It has a rigorous counsellor-training program, and all counsellors require certification. Iowa recently announced that it will spend $4.3M this year on television ads aimed at gambling addicts.

Two of the most pro-active organizations in the area of problem gambling and responsible gaming are two casino operators, viz. Harrah's and Caesars Entertainment. The casino industry as a whole has been a financial supporter of responsible-gaming agencies and research centres in the states in which gaming venues are located. Harrah's has a corporate responsibility program that includes the training of its staff to help direct customers to existing treatment services, a voluntary self-exclusion program and information on problem gambling and responsible gaming that is readily available to customers. Caesars has recently announced the addition of a non-voluntary exclusion dimension to its existing self-exclusion program. Gamblers who show symptoms of addiction will be banned from all of its U.S. casino properties. Problem gamblers will be encouraged to seek treatment, and information on treatment will be provided by Caesars.

The American Gaming Association, which represents gaming operators in the U.S., has developed a Code of Conduct for Responsible Gaming.

The Association pledges to make responsible gaming an integral part of the daily operations of its members. The pledge encompasses all aspects of the business including employee assistance and training, advertising and marketing. The pledge also provides for the continuation of the funding of research.

In essence, the status of problem gambling and responsible gaming initiatives in the United States is a patchwork of public-private partnerships with no prevailing model. The level of services, where services exist at all, is very limited. Keith Whyte, the Executive Director of the US National Council on Responsible Gambling, estimates that the entire expenditure on problem gambling and responsible gaming programs by governments and their agencies in the United States in the past year was lower than the allocation in Ontario.

One highlight of the activities taking place in the United States is in the area of research. The National Center for Responsible Gambling, a non-profit organization, funds research in the areas of risk factors for gambling disorders, treatment models and prevention models. An Institute for Research on Pathological Gambling and Related Disorders has been established at Harvard University and it is generating valuable research in this area. The gaming industry is a financial supporter of both the Institute and the Center.

Australia

vii) New South Wales

The State of New South Wales offers many forms of gambling including casinos, lotteries, keno, a variety of electronic gaming machines, horseracing, dog racing, and sports wagering. In fiscal 2002-03, these activities generated $1.26B ($1.17B Cdn.) for the State.

A number of State agencies, corporations and statutes deal with various aspects of gambling. The Department of Gaming and Racing provides advice and support to the Minister of Gaming and Racing. The Casino Control Act deals with activities in casinos; The Gaming Machines Act regulates the types of electronic machines that can be utilized; The Public Lotteries Act deals with lotteries and the New South Wales Lotteries Corporation operates the lotteries; The Racing Administration Act and The Totalizator Act deal with horse racing and dog racing; and, The Liquor Administration Board approves the types of games that can be offered in hotels and clubs.

The Government created a separate department, the Department of Gaming and Racing, that is responsible for the proper conduct and balanced development of gaming and racing in the public interest. The Department ensures that the public interest is promoted in the gambling industry by developing and keeping under review strict regulatory measures for the conduct of lawful forms of gambling in New South Wales and to help ensure that any potential harm associated with gambling is minimized. These regulatory measures include controls over the nature of certain gambling-related advertising and promotion, prohibitions in relation to the participation of minors and the advancement of credit for gambling purposes along with other methods that limit the accessibility and availability of commercial gambling activities.

The Government also established a Casino Community Benefit Fund to provide grants for projects, activities and services relating to problem gambling and gave the Fund's Board of Trustees a considerable degree of responsibility for dealing with problem gambling and responsible gaming. The composition of the Board is designed to be representative of the stakeholders in the gaming industry. In addition to its other responsibilities, the Board makes recommendations to the Government on the funding of projects dealing with counselling services for problem gamblers, community awareness initiatives on responsible gaming and research into problem gambling. The Board has the overall responsibility for the planning and development of strategic policy regarding problem gambling and responsible gaming.

In fiscal 2002-03, the Board was allocated approximately $10.1M that results from a statutory 2% levy on casino revenue for problem- and responsible-gambling activities. The Board funds 60 treatment facilities located throughout New South Wales, two counselling training centres and a Helpline that is known as the "G-line" (Gambling-line). In addition, the Fund makes grants for prevention/awareness programs that include print material, media advertising and community workshops. The Fund also is available for research. In fiscal 2002-03, the funding was allocated approximately as follows:

Treatment	-	$6,400,000	(63.7%)
Prevention/Awareness	-	3,200,000	(31.3%)
Research	-	500,000	(5.0%)
Total:		$10,100,000	(100%)

Site-holders at hotels and clubs must provide information to customers on problem gambling and responsible gaming including how gaming machines operate and the odds of winning. Advertising as to the presence of machines is limited, and no ATMs are permitted on site. Employees of site-holders must receive training on problem gambling, and site-holders at hotels and clubs must enter into arrangements with gambling-treatment providers for counselling services for patrons and members.

In 2003, a mass-media advertising campaign was launched to raise awareness within the State about the G-line, a State-wide telephone Helpline that is available on a 24 hour, seven days-a-week basis. The initial phase of the campaign lasted for five months up to March 2003, and included television, radio and newspaper advertising. As a result of its success in raising awareness, a second similar campaign was launched in December, 2003.

The G-line is available for problem gamblers, their families and friends. It is staffed by qualified and experienced counsellors who can offer confidential assistance to callers that may be in crisis as well as callers who are unsure as to whether they have a gambling problem. G-line can also assist callers to access face-to-face counselling through referrals to local treatment services. The service has access to financial counselling and to other related professionals. G-line will also send out print information including fact sheets on problem gambling and a self-help guide. Aside from media campaigns, G-line is promoted by means of signage and information brochures in hotels, clubs and the Sydney casino. It is also promoted on the back of wagering tickets on horses.

Voluntary self-exclusion programs are available at casinos, and site-holders at hotels and clubs must also provide such programs.

In 1999, The Gambling Legislation Amendment (Responsible Gambling) Act was passed. This legislation introduced in a mandatory, statutory format, harm-minimization provisions that would apply to casinos, sites where electronic gaming machines were offered, lotteries and horseracing. Among other things, the provisions in this Act regulate the content and placement of signage relating to problem gambling, the technical standards for electronic gaming machines, the requirement of operators to provide information to patrons in the form of brochures and mandated self-exclusion programs.

In June, 2004, the Independent Pricing and Regulatory Tribunal of New South Wales released a report titled, Gambling: Promoting a Culture of Responsibility. This Report provides an overview of gambling in the State together with a discussion of the strategy that should be adopted in order to deal with problem gambling. It outlines a responsible-gaming policy framework that focuses on the necessity of promoting a broad culture of responsibility in relation to gambling by all stakeholders including Government, gamblers, the general public, the industry, researchers and counselling services. It includes steps that should be taken to inform gamblers and the public about problem-gambling and responsible-gaming issues, measures that should be taken to protect gamblers, the improvement of treatment services and research strategies. It also addresses the administrative needs of an effective problem-gambling and responsible-gaming strategy. Many of the recommendations have particular relevance to the review that is now under way in Ontario and will be dealt with below in this Report.

viii) Queensland

Gambling in Queensland is comprised of four commercial casinos, electronic gaming machines in pubs and clubs, horse and dog racing, lotteries, keno and bingo. In fiscal 2002-03, the State received approximately $2.5B ($2.33 B Cdn.) in revenue from gambling operations.

During that same period, the State expended approximately $3.6M on 'Gambling Help' services that are designed to reduce the risks of problem gambling and provide support for people who develop gambling problems. These services included face-to-face counselling, a 24-hour telephone Helpline for referrals to counselling and related services, crisis counselling and residential rehabilitation programs.

Queensland Treasury is responsible for regulating gambling and for providing the problem-gambling and responsible-gaming strategy. It does this through the Queensland Office of Gambling Regulation.

A comprehensive Responsible Gambling Strategy has been developed that is aimed at minimizing the harmful impacts of gambling. The Strategy is based on a public health approach and includes rehabilitation, prevention and protection initiatives. The Strategy will be delivered through a partnership between Government, the gambling industry and the community.

The Strategy seeks to ensure that gambling will be conducted in a regulated environment that minimizes harm and permits players to make informed decisions on their choices regarding gambling. Accordingly, elements of prevention/awareness strategies through the provision of information coupled with an element of consumer protection form an integral part of the Strategy.

Six priority areas have been identified for attention:

- the development of a Statewide system of problem-gambling treatment and support services
- the reduction of risk factors for problem gambling through early intervention
- increasing community knowledge and awareness of the impacts of gambling
- ensuring that gambling environments are safer and more supportive for consumers
- enhancing responsible-gaming policies through research
- promoting partnerships to address Statewide and local gambling issues and concerns.

At present, there are 14 treatment centres in Queensland to counsel problem gamblers. Most of these are community agencies. The

Strategy calls for the development of a state-wide system of services that will ensure the availability of services in regional, rural and remote locations, a broader range of treatment interventions and standardized and specialized training for problem-gambling counsellors. There is also recognition that treatment and support-interventions need to be culturally appropriate. Interventions should include telephone and crisis counselling and counselling related to allied problems such as creditor/debtor and family and to education and support groups.

The reduction of risk factors through early intervention includes the identification of groups that are particularly at risk and targeting those groups through communication and outreach activities. It also includes promoting public perception of problem gambling as a health issue and encouraging early presentation for treatment, the development of problem gambling self-assessment tools and disseminating this information broadly.

At the present time there are a number of community outreach programs in place that are funded by the Office of Gambling Regulation, Community Engagement Division. These include information packages for teachers in primary and secondary schools, programs on problem gambling in schools, and the development of an interactive website directed to youth.

A Queensland Responsible Gambling Code of Practice has been developed and, while its adoption is voluntary, it has been adopted by many casino operators and site-holders at pubs and clubs. This Code provides for the provision of information on gambling, problem-gambling and responsible-gaming issues to customers, the necessity for operators to interact with customers and the community on responsible-gaming issues, the provision of a voluntary self-exclusion program, the adoption of responsible advertising and promotional practices and the provision of an appropriately safe gambling environment. The Government has developed a resource manual dealing with how to implement the Code. The manual includes the legislative requirements about messaging and signage. As an example of how the Code has been implemented, the Conrad Jupiter and Conrad Treasury Casinos have published a player-information guide that describes how games are played and the odds of winning. In addition, no credit for play is extended, and ATMs are not available in gambling areas. The Code of Practice also provides for the training of staff at gambling sites in accordance with a Government training format.

A Helpline is in place that operates 24 hours-a-day, seven days-a-week. The operators provide crisis counselling but primarily direct callers to treatment and allied professional services including self-help agencies. The Office of Gambling Regulation also maintains a comprehensive website that provides information on problem-gambling services, information on problem gambling and responsible gaming issues and published research reports.

The Queensland Strategy seeks to influence community attitudes on gambling by alerting the public generally to the risks of problem gambling while targeting specific groups such as youth and ethno-cultural populations. It also seeks to make other professionals such as teachers, social workers and physicians more aware of problem-gambling issues for the purposes of assisting with early identification and referral to treatment.

The Office of Gambling Regulation is involved in the research of problem-gambling and responsible-gaming issues through its Research and Community Services Division. It maintains a Gambling Communities Benefit Fund that is available, in part, to fund research projects. Pursuant to the Strategy, it has developed an integrated research program to examine the social and economic implications of gambling in Queensland. The program is focused on creating new knowledge related to treatment, prevention and consumer protection. The Division has funded a Population Baseline Study that provides data on the prevalence of problem gambling in different areas of Queensland and among different population groups so that appropriate services can be directed to those areas. It also directs research that evaluates the effectiveness of responsible-gaming initiatives such as information campaigns, the impact of introducing responsible gaming into the school curriculum and the effectiveness of the Code of Practice.

Research funding is only available to explore issues that will contribute to making effective policy decisions relating to treatment, prevention and consumer protection. In this sense, it can be described as "applied gambling-related research".

In order to involve the community at large in contributing to the development of policy and programs on responsible gaming, the Government has created the Responsible Gambling Advisory Committee. This Statewide body is comprised of representatives of diverse groups within the community, the gambling industry and Government. Its mandate is to advise the Government on sustainable and responsible approaches to gambling having regard to the different effects that gambling might have on different regions, communities and culturally diverse group. Through this Committee, the Government recognizes the necessity of involving the public in the challenges of responsible gaming.

ix) Victoria

In the State of Victoria, a Gambler's Help Program has been in place since 1993. Amendments to the Gaming Machine Control Act and the Casino Control Act that were enacted in the Responsible Gambling Act, 2000, provide for the establishment of the Community Support Fund with legislation requiring that 8.3% of the net cash balances from electronic gaming machines in hotels be paid into the Fund. The Minister of Gaming, a separate Government Ministry, may then apply for money from the Fund for a number of purposes, including the establishment of problem-gambling services, gambling counselling that is integrated with financial and family counselling and the funding of research on the social impact of gambling.

The Responsible Gambling Act, 2000, also requires that consideration must be given to the issue of problem gambling on any application for approval of additional gambling premises or the increase of gaming machines in an approved venue.

The overall problem- and responsible-gaming strategy that was developed is comprised of a number of interrelated components. These include counselling services located in generalist addictions agencies, liaison and community education officers in each Department of Human Services region, a range of community education initiatives and media campaigns and a 24-hour telephone counselling and referral Helpline service. Social research and evaluation of programs are also included to provide information on problem gambling and enable appropriate service responses.

There are 18 treatment centres across Victoria with a total of 50 counsellors available. These centres include community counselling agencies, group support agencies, clinics and hospitals. In fiscal 1997-98, some 4,024 clients received assistance. Reasons given for the relatively low uptake include limited knowledge in the community of services, the poor location of treatment centres, limited hours of operation, cultural and gender barriers, negative stigma and self-help options. The annual average client caseload per counsellor was approximately 80.

The training of treatment counsellors, financial counsellors and community education and gaming liaison officers is done by the Department of Human Services which has the overall responsibility for the delivery of the strategy. In addition, local community organizations can also apply to the Fund for resources for projects to address problem-gambling issues, education, information and awareness programs. A community education and awareness strategy is developed by the gaming liaison officers in each region. Special attention is devoted to programs for youth including information for schools and for services working with youth and ethno-cultural communities

The Helpline, known as Gamblers Help, provides immediate counselling and support for callers as well as referrals to treatment and allied agencies. It operates on a 24 hour-a-day, seven day-a-week basis and is available for gamblers, family members and friends.

Two broad media campaigns have taken place in Victoria. The first campaign that was launched in 2000 was a hard-hitting TV, radio and newspaper advertising blitz dealing with problem gambling. A second similar campaign took place in 2003.

Research on problem gambling and responsible gaming is funded by the Community Support Fund and by the Department of Human Services. Research has focused on social-impact studies and on improving service delivery models. A major study was released in 2003 by the Gambling Research Panel, a body created under the provisions of the Responsible Gambling Act, 2000. The study dealt with best practices in problem-gambling treatment services. The study examined international problem gambling intervention models and concluded that there was no established best practice. The study recommended a community-based multi-modal approach.

In 2004, the Government established the office of Advocate for Responsible Gambling. The Advocate acts as a bridge between community concerns and Government initiatives, recognizing that Government, industry and local communities have a role in encouraging responsible gaming. The Advocate fosters commitment to a safer gambling environment. The Advocate encourages local governments to include responsible gambling in public health plans. She also encourages community groups to recognize the signs of problem gambling and develop alternative recreational activities.

The Advocate maintains close links with the Gaming Policy Unit of Government and the Gambling Research Panel. She has access to the most senior levels of Government including the Premier. The Advocate also meets regularly with representatives from the gambling industry and community leaders.

x) New Zealand

Prior to July 1, 2004, the Problem Gambling Committee of New Zealand, a private charitable trust that subsequently became a Government-recognized entity, was responsible for the funding and co-ordination of services for problem gamblers and their families. This Committee was made up of industry- and service-provider representatives. The Committee focused on funding counselling and Helpline services. It also funded a limited amount of research and several community outreach programs particularly those targeted to the Maori and Asian/Pacific populations and youth.

In September, 2003, a new Gambling Act, 2003 was passed in New Zealand although a number of its major provisions did not come into effect until July 1, 2004. The passage of this statute has brought about the consolidation of most aspects of gambling in New Zealand under one Act. The Act transfers responsibility for problem gambling services from the Committee to the Ministry of Health.

In fiscal 2002-03, the Government of New Zealand allocated $9.8M ($8.6M Cdn.) for its problem gambling and responsible gaming programs. In fiscal 2003-04, $12.6M ($10.8M Cdn.) was allocated, and there are projections for substantial increases in funds over the next three years reaching approximately $21($18.3M Cdn.) by fiscal 2006-07. For fiscal 2003-04 the allocation breaks down approximately as follows:

Treatment	-	$7,860,000	(62%)
Prevention/Awareness*	-	3,840,000	(31%)
Research	-	900,000	(7%)
Total:	-	$12,600,000	(100%)

* In New Zealand the Prevention/Awareness area is called "Public Health Services". This area includes outreach services, including those directed to target populations and social marketing campaigns. The Helpline is included in the "Treatment" allocation.

The key purposes of the new Gambling Act include the control and growth of gambling, ensuring the integrity and fairness of the games offered and limiting the opportunities for crime and dishonesty associated with gambling. Most important, the Act also deals with the prevention and minimization of the harm caused by gambling, including problem gambling, the facilitation of responsible gaming and facilitating community involvement in decisions about the provision of problem-gambling and responsible-gaming services.

Legal gambling in New Zealand consists of six casinos, lotteries, electronic gaming machines in pubs and clubs, horseracing, dog racing and wagering on professional sporting events. The Government operates the lotteries, but non-government organizations are licensed to operate the other gambling facilities.

In structuring the funding for its problem-gambling and responsible-gaming strategy, research was conducted for the purpose of determining which areas of gambling contributed the largest number of problem gamblers. This led to the inclusion in the Gambling Act of a formula for funding the strategy. The formula requires each gambling sector, viz. pubs and clubs, casinos, racing and lotteries to contribute. It takes into account player expenditures and the number of players presenting to problem-gambling services that can be attributed to a particular gambling sector. The formula is applied to wagering profits or net win in each sector.

Under the new Gambling Act, the Department of Internal Affairs will continue its role as the primary regulator of the gambling industry and the key policy advisor to the Government on gambling regulatory issues. However, the Ministry of Health will now have the new role in policy and program-development and funding services to prevent and minimize gambling harm including advising the Government on related issues.

The Act establishes a Gambling Commission whose functions include the granting and suspension of licenses to operate casinos, finally deciding on the granting and suspensions of the licenses of site holders that provide VLT gambling on their premises and advising the government on the problem gambling levy.

The Act also establishes the New Zealand Lottery Commission that has the mandate to conduct lotteries. It is charged with maximizing profits subject to ensuring that the risks of problem and underage gambling are minimized.

Part 4 of the Act deals specifically with harm prevention and minimization and enforcement of related provisions. It provides for age restrictions on different types of gambling. A person must be 18 or over to purchase a lottery ticket or participate in VLT gambling in pubs and clubs. It is an offence to sell a ticket to an underage person or permit them to gamble on VLTs. A person must be 20 or over to participate in casino gambling, and it is an offence to permit an underage person to participate in casino gambling or to enter the gambling area of a casino.

Admission-to-venue provisions include the requirement that operators of casinos and site holders at VLT gambling premises must develop a policy for identifying problem gamblers and provide notices in their respective premises of such policies. The operators and site holders must take reasonable steps to identify such gamblers and exclude them from their premises. Gamblers may ask to be voluntarily excluded for a period of up to two years and before being re-admitted, a gambler may be required to take courses on problem gambling and responsible gaming.

In order to prevent harm and for the minimization of problem gambling, Regulations may be made under the Act that limit stakes, limit prizes, prescribe the design, layout and furnishing of gambling premises, regulate the intensity of play including the frequency of successive games and bets, regulate the concentration of gambling positions at a venue and the kinds and frequency of messages that must be displayed to gamblers during play. Messages may deal with the duration of the session, losses during the session, reminders about the desirability of breaks in the session, warnings about problem gambling and advice about sources of assistance for problem gamblers. Regulations may also deal with prescribing the information or messages that gamblers should receive about particular forms of gambling, prescribing codes of advertising and, prescribing problem-gambling awareness training for employees involved in supervising gambling. The breach of any Regulation may lead to penalties and/or the suspension or removal of a gambling license.

The Act also provides that the Ministry of Health must develop an integrated problem-gambling strategy that must include measures to promote public health by preventing and minimizing the harm from gambling, services to treat and assist problem gamblers and their families, independent scientific research associated with gambling including longitudinal research on the social and economic impacts of gambling, particularly on different cultural groups, and evaluation of programs. For the purposes of developing the strategy, the Ministry must undertake a needs assessment, prepare the strategy and develop a cost structure for three-year periods. Consultation must take place with industry representatives, those involved with horse and dog racing and lotteries, representatives of the providers of problem-gambling services and any other groups the Ministry believes are likely to be affected significantly by the proposed strategy.

Based on the formulation of the strategy and its anticipated budget, the annual levy will be determined and constantly reviewed.

In the area of treatment, services are provided by professional counsellors who may also treat those involved with alcohol and substance abuse. This takes place in community clinics, hospitals and in the offices of private practitioners. In a document prepared in March 2004 for consultation titled Preventing and Minimizing Gambling Harm: Strategic Plan 2004-2010, Needs Assessment, Proposed Three-year Funding Plan and Proposed Problem Gambling Levy Rates, it is proposed that the treatment of problem gamblers and those substantially at risk will involve a variety of different interventions and approaches directed at different populations. Aside from treatment facilities, the services provided will continue to utilize a national telephone Helpline. In keeping with the Government's focus on target populations, the Helpline offers a different number for youth, the Maori population and the Pacific/Asian population. Telephone operators provide brief intervention advice, referrals to treatment centres, referrals to financial and family counselling and may mailout print packages on problem gambling and responsible gaming. The Helpline also provides a website.

In the area of prevention/awareness (public health), activities include community-awareness programs and the strengthening of alliances with allied professionals such as social workers, physicians, lawyers, teachers, creditor/debtor counsellors and family counsellors. Programs are delivered on a national, regional and community level and are tailored to specific needs.

In the area of research, it is recognized that there is limited data available about the causes and prevalence of gambling-related harm. There is also little information about outcomes and the efficacy of interventions. Accordingly, it is proposed that a research and evaluation agenda be developed to support service and policy provisions. This will include better data collection and analysis, longitudinal information-gathering systems, program evaluation, social economic and cultural impact studies of gambling growth and the development of gambling products, needs assessments and the analyses of service utilization. Research will focus on supporting the service delivery infrastructure.

Comparison of Problem-Gambling Funding

The following provides a comparison of problem-gambling funding in fiscal 2003-04 in millions of dollars (Canadian) and the allocation of that funding between the various components of the strategies:

	TREATMENT	PREVENTION/ AWARENESS	RESEARCH	TOTAL
Ontario	$13.2 (60%)	$4.7 (22%)	$3.8 (18%)	$21.7
British Columbia	$ 1.6 (40%)	$1.0 (26%)	$0.3 (8%)	$ 4.0 (1)
Quebec	$10.5 (62%)	$5.0 (29%)	$1.5 (9%)	$17.0
Alberta(2)				$ 4.0
Manitoba	$ 1.1 (39%)	$1.5 (54%)	$0.2 (7%)	$ 2.8
Nova Scotia	$ 1.3 (73%)	$0.2 (10%)	$0.3 (17%)	$ 1.8
New South Wales	$ 6.0 (64%)	$3.0 (31%)	$0.5 (5%)	$ 9.5
Queensland(2)				$ 3.6
New Zealand	$ 7.9 (62%)	$3.8 (31%)	$0.9 (7%)	$12.6

(1) An additional $175,000 (4%) was spent on the Helpline and an additional $880,000 (22%) was spent on Administration that included head office expenses, a website, program development and training.

(2) A breakdown of the allocation was unavailable.

III THE EXISTING PROBLEM-GAMBLING AND RESPONSIBLE- GAMING STRATEGY IN ONTARIO AND THE AVAILABLE FUNDING LEVELS FROM ALL SOURCES

Any Government that introduces gambling services and products into its jurisdiction will constantly struggle to find the proper balance between revenue generation and overall economic benefit and its social responsibility to those who may be adversely affected by the activity. The conflict arises because it is in the public interest both to maintain a sustainable industry and, at the same time deal with any negative impacts that the industry may produce.

The Government of Ontario deserves a great deal of credit for making several crucial decisions while implementing its overall gambling policy and programs insofar as those decisions relate to problem gambling. First, the Government made the correct decision when it decided to withdraw from its plan to open 44 charity casinos and consider the subsequent placement of VLTs in bars and restaurants. Second, the Government was wise to primarily place slot machines in its facilities rather than VLTs. And finally, the Government recognized the need for a well-funded problem-gambling strategy from an early stage in the development of its gambling facilities and products.

Research has shown that the more gambling that is available, the greater the likelihood of an increase in the numbers of problem- and at-risk gamblers. The numbers of problem gamblers who seek treatment is higher in geographical areas of Ontario where there is greater access to casinos. Research has also established that VLT play generates the highest percentage of problem gamblers particularly when the VLTs are located in bars, clubs and hotels rather than in supervised gambling-destination locations such as casinos and racetracks. By limiting the number of gambling-destination sites in Ontario and by keeping VLTs out of bars and other entertainment venues, Ontario has limited some of the riskiest activities. It is instructive to note that Quebec is currently considering the removal of many of the VLTs in bars and restaurants and locating them at racetracks.

As previously noted, Ontario's financial commitment in fiscal 2003-04 to its problem-gambling Strategy is the largest in North America and perhaps in the world. It directs $2.33 on a per capita basis and 1.20% of its net revenue from gambling to the Strategy. Saskatchewan devotes far fewer dollars to its strategy but the most on a per capita ($5.72) and percentage of net revenue (1.53%) basis. Quebec also devotes fewer dollars to its strategy but it makes a slightly larger commitment than does Ontario on a per capita ($2.84) and percentage of net revenue (1.23%) basis.

When the Ontario problem-gambling Strategy was further developed and approved in 1998, it articulated its three key components: treatment, prevention/awareness and research. This approach mirrored the practices that were already being applied in many jurisdictions and that were subsequently adopted in others. The only variable was that in many jurisdictions research was either not included or was very limited. At the time of implementation, the Ontario Strategy was sound.

However, one new component for a problem-gambling and responsible-gaming strategy has recently emerged, viz. consumer protection. With the continuing development of the technology of electronic gaming and a better understanding of how products actually perform, some jurisdictions, notably Manitoba, Nova Scotia, Queensland and New Zealand, have recognized the need for introducing consumer protection as an additional component of their respective strategies in order to better ensure safer gambling products and a safer gambling environment for their citizens.

The Ontario Strategy has been implemented by funding a large number of stakeholders and programs in the areas of treatment, prevention/awareness and research. Proposals for funding are generated by service and research providers, and so the vast majority of ideas for projects are generated at the delivery levels, viz. from the bottom up. What is lacking, however, is an overall strategy within each of the three components and a strategy that integrates and relates the activities in each component of the Strategy with the others.

Strategy decisions are made by the Addiction Branch of the Ministry of Health and Long-Term Care as funding decisions are made. There is consultation between members of the staff of the Branch who make recommendations on funding proposals in order to ensure that approved projects are not in conflict or that there is no undue duplication or overlap. But, there is no articulated strategy from the top down. Priorities and policy directions within each component of the Ontario Strategy are not articulated except that, as between the three components, the top priority is treatment.

With respect to the funding of the Strategy, most of the funded stakeholders derive all of their funding for their problem-gambling and responsible-gaming programs from the 2% allocation. In the area of treatment, a few of the treatment agencies have received small amounts of money from community support groups or from fundraising activities. However, these agencies are involved in delivering other services as well, and there is no evidence that any additional funds are earmarked for problem gambling. The same is true in the prevention/awareness area with the notable exception that the Responsible Gambling Council – Ontario has received funding for its annual conference from the Ontario Lottery and Gaming Corporation.

In the research area, all of the funds available to the Ontario Problem Gambling Research Centre come from the 2% allocation. However, a number of research projects are joint undertakings of several Canadian jurisdictions, with financial contributions coming from each. The Responsible Gambling Council – Ontario also receives funds from other jurisdictions to support its activities in the collection and dissemination of statistics and information of national interest.

As previously noted, the OLGC and the day-to-day managers of the commercial-type casinos contribute substantial funds and resources ($6.8M in fiscal 2003-04) from their own budgets to support their responsible-gaming activities. Casino Rama provides $65,000 annually in support of the Mnjikaning Community and Family Services Problem Gambling Program. It was recently announced that Caesars Entertainment, one of the day-to-day managers, is taking over one of the other existing Ontario managers. As a result, we will likely see a greater commitment to responsible gambling from this Corporation due to Caesar's existing pro-activity on problem-gambling issues in some of its other North American venues.

It is reasonable to expect that the funding of a problem-gambling and responsible-gaming Strategy should primarily come from Government given that Government is the prime beneficiary of the financial rewards that flow from gambling activity. The skepticism that exists in some quarters as to the Government's sincerity in its commitment to a Strategy when it relies on the somewhat disproportionate gambling activity of heavy and frequent gamblers some of whom are problem gamblers, can be dealt with in a variety of ways as will be discussed further in this Report.

IV ANALYSIS AND RECOMMENDATIONS

The Government's Commitment to the Problem-Gambling and Responsible-Gaming Strategy

The success of a problem-gambling and responsible-gaming Strategy depends in great measure on the nature, substance and form of the Government's commitment to it and how that commitment is perceived by problem gamblers, stakeholders, partners, service providers and the public at large.

Many view problem gambling as the "Achilles Heel" of Ontario's gambling enterprise. The majority of the public has overcome its opposition to the Government being in the gambling business and, as a result, gambling has acquired a level of social acceptance that has not existed in the past. However, the public is becoming more sensitive to the social problems that have arisen as a result of the proliferation of gambling products and services within the Province.

While there remains a small but vocal minority who oppose gambling in any form, and particularly Government's role as an operator and promoter of the activity, many earlier critics have re-directed their attention to the problem-gambling and responsible-gaming issue. In the past, the Government of Ontario has exhibited some reluctance to raise the profile of its Strategy fearing, perhaps, that there would be a political backlash against its involvement in the gambling industry.

The time has come for Government to put this reluctance aside and become pro-active. It is now incumbent on Government to deal with this issue in a transparent manner not only because of its social responsibility to do so but also because in the long run, it will support the sustainability of an economically vibrant industry. Government should provide leadership in building a massive social consensus against problem-gambling behaviour.

As previously noted, the Government of Ontario has proceeded by way of policy in determining on an annual basis whether to fund the problem-gambling Strategy and if so, at what level. Accordingly, the stakeholders, partners, service providers and the body responsible for the development and delivery of the programs within the Strategy are uncertain, year to year, as to the level of the Government's funding commitment. This uncertainty has been re-enforced by the Government's decision not to flow to the Strategy all of the funds that were generated by the 2% funding formula in both fiscal 2002-03 and 2003-04. The level of suspicion and uncertainty was escalated when those decisions were made behind closed doors and no explanation was forthcoming to stakeholders and to the public.

So long as the Government remains committed to the Strategy, transfer-payment agencies and stakeholders will continue to receive at least the base funding received in the previous year unless they are in breach of their Transfer Payment Agreements. However, there is considerable uncertainty as to whether there will be increases to base funding and whether one-time funding will be available. Furthermore, the level of the annual funding is not generally known until mid-way through the fiscal year or later. This renders the advance planning for programs and the delivery of programs that extend beyond one year extremely difficult.

An obvious way to alleviate this problem is to enact legislation that deals with Government's commitment to the Strategy and the funding formula. While legislation can be amended or revoked, such action would require advance notice and could only be done in a public forum under the scrutiny of the entire legislature. A Government that seeks to withdraw from its commitment in whole or in part would be accountable for its decision in the public arena. A legislated commitment to the Strategy would re-enforce Government's sincerity in ensuring that those adversely affected by its gambling operations will be better protected. Furthermore, as noted previously in this Report, there is an existing articulated commitment to a problem-gambling Strategy but no such commitment to a responsible-gaming program. Responsible gaming should now become a formal part of the Strategy.

In some jurisdictions such as Alberta and New South Wales, a Ministry or Department of Gambling has been created to deal with gambling issues. This recognizes the importance of this activity from an economic and social perspective. It is beyond the scope of this Report to engage in a discussion as to whether a separate Ministry that would consolidate all or most of Ontario's gambling activities in one place and would have a voice at the highest levels of Government would be advisable at the present time. However, if Government should ever decide to proceed in this direction, consideration should be given to including a problem-gambling and responsible-gaming Strategy in the accompanying legislation.

Alternatively, a separate statute could be enacted that deals with the problem-gambling and responsible-gaming Strategy. This is the approach that has been taken in Victoria and New Zealand. As a further alternative, existing legislation that deals with gambling could be amended to include the Strategy, as has been done in British Columbia, Alberta, Manitoba and New South Wales.

As will be discussed below, it is recommended that the Ontario Strategy be legislated as an amendment to the Gaming Control Act.

As previously noted in this Report, Ontario's financial commitment to its problem-gambling Strategy, which is now determined as a matter of government policy, is to allocate 2% of gross slot revenue derived from slot machines at charity casinos and racetracks. This formula provided an allocation of approximately $36M in both fiscal 2003-04 and 2004-05.

At the present time, it is impossible to determine whether the 2% allocation will generate sufficient funds to sustain the Strategy in the future. This will depend, in part, on the extent to which the recommendations contained in this Report are implemented and on the degree to which savings and efficiencies can be realized by adjusting existing programs. More funds will likely be required should the Strategy embark on a sustained social media-marketing campaign utilizing television advertising, as will be recommended below.

The existing formula provides sufficient or more than sufficient funds to adequately cover the Strategy as it now exists and no change in the formula is recommended except that the formula should be expressed as a "minimum". This will create a level of secured funding and, at the same time, permit future increases in funding as may be deemed necessary and advisable.

The new funding formula should be included in the same legislation that deals with the Government's commitment to the Strategy. Should a surplus exist in any fiscal year, the legislation should provide that the Minister responsible for the body that develops and delivers the Strategy, should have the power to direct that body to pay the surplus funds to the Consolidated Revenue Fund. The legislation should also provide that the problem gambling accounts of that body should be audited by the Provincial Auditor or by another auditor appointed by the Lieutenant Governor in Council.

Accordingly, it is recommended that:

1. The Government of Ontario's commitment to the problem-gambling and responsible-gaming Strategy be enacted in legislation as an amendment to the Gaming Control Act.

2. The legislation should include a commitment to a funding formula for the Strategy, viz. a minimum of 2% of the annual gross slot machine revenue from slot machines (electronic gaming machines (E.G.M.s)) at charity casinos and racetracks.

3. The legislation should empower the Minister responsible for the body that develops and delivers the Strategy to direct

that any surplus funds in a fiscal year be paid into the Consolidated Revenue Fund.

4. The legislation should provide that the problem gambling accounts of the body responsible for the Strategy be audited annually by the Provincial Auditor or by another auditor appointed by the Lieutenant Governor in Council.

The New Problem-Gambling and Responsible-Gaming Strategy

In developing a problem-gambling and responsible-gaming Strategy, it is well to remember that the vast majority of Ontarians who gamble (approx. 95%) do so in a responsible manner. They view gambling as a form of social recreation and entertainment that is part of the menu of available leisure activities. The Strategy is primarily directed to those with a serious gambling problem (approx. 0.9 %) and those who are at risk of becoming problem gamblers (approx. 3.9%). However, even those who gamble responsibly should be constantly reminded of the risks of developing problems so that they can take measures to avoid the avoidable negative consequences.

Accordingly, a balance must be sought in developing a Strategy. It must seek to assist and protect those with existing problems and those at risk of developing problems while, at the same time, it should permit the recreational gambler to enjoy to the fullest extent possible the entertainment value of this activity.

As noted earlier in this Report, Ontario's problem-gambling and responsible-gaming Strategy should be comprised of four components, viz. treatment, prevention/awareness (education), research and consumer protection. Each component should develop its own internal strategy and should become part of an overall coherent and integrated problem-gambling and responsible-gaming policy framework that will link each element of the Strategy.

The Strategy should seek to promote two objectives, viz. harm minimization and a culture of responsibility. It is realistic to accept that some harm will result from gambling just as it results from the sale and consumption of alcohol. The objective of harm minimization implicitly recognizes and accepts that legal gambling will remain part of our social fabric but that care must be taken to ensure that its negative consequences are minimized. Each of the four components of the Strategy can be developed within the context of a harm-minimization approach.

The objective of promoting a culture of responsibility speaks to a change in the culture of government, gambling operators and some of the existing partners and stakeholders. A harm-minimization approach alone may unintentionally promote competing and opposing camps that seek to advance their own role in the Strategy without due regard to the overall objectives. Advancing a culture of responsibility will help to integrate the components of the Strategy and permit them to work together within an overall articulated policy framework.

In addition, Government's role should the development of a regulatory framework that promotes responsible gaming. It can do this through compliance monitoring by the gambling regulator, promoting ongoing evaluation and inducing the gaming industry to adopt best practices. In addition, a culture of responsibility should extend to treatment and prevention professionals, the gaming industry, manufacturers and suppliers of gaming equipment, players and communities at large. The industry should provide gambling services and products that are safe and ensure that staff located at gambling venues demonstrates a responsible attitude. Gamblers in particular must accept responsibility for their actions and choices but should also be entitled to rely on the support of others in order to ensure that potential harm is minimized or eliminated.

In the past, the responsibility for responsible gaming has been shared on an informal basis between the Ministry of Health and Long-Term Care, the Ontario Lottery and Gaming Corporation and the Alcohol and Gaming Commission of Ontario. By funding treatment programs, prevention/awareness programs and research, the Ministry has been supporting both problem-gambling initiatives and responsible-gaming practices. Many of the service providers, such as the Responsible Gambling Council - Ontario, the YMCA and the University of Toronto, focus on providing information to the public on responsible and safe gaming practices. In addition, some of the research that has been commissioned by the Ontario Problem Gambling Research Centre deals with responsible-gaming issues. The relevant programs and services provided by the OLGC deal exclusively with responsible gaming.

The time has come to formally recognize the existence and importance of responsible-gaming programs and make responsible gaming an articulated part of Ontario's overall Strategy.

Accordingly, it is recommended that:

5. Responsible gaming should be joined to the existing problem-gambling Strategy and the new Strategy – the Problem-Gambling and Responsible-Gaming Strategy – should be comprised of four components, viz. treatment, prevention/awareness (education), research and consumer protection.

6. The new Strategy should seek to promote two main objectives, viz. harm minimization and the creation of a culture of responsibility.

7. Each component of the new Strategy should develop an internal strategy within the context of the objective of harm minimization. The objective of creating a culture of responsibility should be to integrate the components of the Strategy within an overall articulated policy framework and make it clear that all participants in the gambling enterprise, including gamblers, have a shared responsibility to promote harm minimization and safe responsible-gaming practices.

The Body Responsible for the New Problem-Gambling and Responsible- Gaming Strategy

The Ministry of Health and Long-Term Care (MOHLTC) is currently responsible for developing and delivering the problem-gambling

Strategy. When the Strategy was first introduced, it made sense to give this responsibility to this Ministry as it appeared to be the most efficient and economical way to launch the Strategy. At the outset, it was reasonable to expect that the treatment of problem gamblers could become an added responsibility for the Mental Health and Addiction Branch of the Ministry and that counsellors who were already delivering treatment services to those with substance-abuse problems could be trained to deal with problem gamblers as well.

Now that the problem-gambling Strategy has been in place for some eight years and is being expanded to formally include responsible gaming, it is necessary to revisit the issue as to whether the Ministry should continue to be the body responsible for the development and delivery of the new Strategy.

There are a number of important reasons why the Ministry should no longer remain responsible for the Strategy. First, the Ministry is in a position of conflict in being responsible for the allocation of the funding for the entire Strategy (except for the funds expended by the OLGC) while, at the same time, being responsible for providing for the delivery of treatment services to the substance-abuse sector. The funding for the treatment of problem-gambling clients flows to the 47 community agencies that also have the responsibility for treating substance-abuse clients who may or may not have a gambling problem. Furthermore, additional funding also flows to 103 substance-abuse treatment agencies that do not treat any problem gamblers. The result is that the Ministry is able to discharge its obligations regarding substance-abuse treatment by using funds generated by the 2% formula for the problem-gambling Strategy.

The conflict of interest is best illustrated by the proposed use of the additional funds that have been made available to the Strategy in fiscal 2004-05 ($14.95M). The major portion of these funds ($10.97M) is being directed to treatment, including $5M that is being given to all 150 treatment agencies, only 47 of which treat problem gamblers. These monies will be used to fund increases in salaries and for the substance-abuse withdrawal program. It is doubtful that funds that were generated by the 2% formula for the problem-gambling Strategy would have been allocated for these purposes if the responsibility for the management of the Strategy were with some body other than the Ministry of Health and Long-Term Care.

As previously noted in this Report, the Ministry has made the treatment component of the problem-gambling Strategy its first priority. Given the current relatively low demand for problem-gambling treatment services, this component of the Strategy is over-funded and, in this respect, there is insufficient value for the money spent on the treatment of problem gamblers.

The Ministry suggests that the demand for problem-gambling treatment services will increase in the future and that an adequate treatment structure must be in place to meet the need. However, the Ministry projected that 6,500 clients would be treated in fiscal 2003-04 and had the full $36M in funding been made available, some $23M would have been allocated for treatment. It turned out that only 3,300 clients presented for treatment in fiscal 2003-04, a drop of some 1,200 clients from fiscal 2002-03. In fiscal 2004-05, the Ministry projected that 8,600 clients would be treated and has allocated approximately $24M to the treatment component of the Strategy. However, only approximately 5,900 clients will be treated. The projection for fiscal 2004-05 was too high and the allocation of $24M for treatment services cannot be supported. This issue will be considered further in this Report.

The Ministry has placed at least a .5 FTE problem-gambling treatment counsellor in each of the 47 substance abuse agencies located in every region of the Province although some agencies are seeing as few as four or five problem-gambling clients per year. It has also directed these counsellors to deliver outreach services in their respective communities in order to educate the public on problem-gambling and responsible-gaming issues and it has trained these counsellors to deliver this service as well. This has been done without due regard to whether problem-gambling treatment counsellors are the best choice to deliver community outreach services.

Rather, in many instances, the responsibility for delivering outreach services was given to a .5 FTE problem-gambling treatment counsellor in order to occupy a portion of that counsellor's time when the number of problem-gambling clients was small. In addition, there was no accounting for the number of hours spent on outreach services. What is clear is that many problem-gambling treatment counsellors are devoting time that is funded by the 2% formula to the treatment of substance-abuse clients. There are long waiting lists for substance-abuse clients while problem-gambling clients can be seen immediately.

Substance-abuse treatment services have been under-funded for many years and problem-gambling resources are being used to support this under-funded sector. While there is no question as to the legitimacy of the need for additional funding for substance-abuse services, the issue remains as to whether that need should be satisfied, at least in part, by the use of problem-gambling Strategy dollars. To this extent at least, the duty of the Ministry to provide for the treatment of substance-abuse clients conflicts with the Ministry's overall duty to the responsible-gambling Strategy.

Furthermore, by giving top priority to the funding of the treatment component of the Strategy, the prevention/awareness component has not been promoted sufficiently. This issue will be discussed further in this Report.

The second reason for removing the responsibility for the Strategy from the MOHLTC is because the ethos of this Ministry and the Branch is re-active in nature rather than pro-active. The Branch tends to react to problems and demands as they arise as opposed to adopting a pro-active approach based on clear policy. A strategy within each component of the problem-gambling Strategy has not been formulated and articulated. The Ministry has not adopted a single-minded approach in advancing the interests of problem and at-risk gamblers.

The Strategy requires aggressive, pro-activity that is as free as possible from bureaucratic restraints and from the limitations imposed as a result of being a very small part of a very large Ministry. The allocated budget for the Strategy currently represents 0.12% of the Ministry's overall budget. It is not surprising that the Strategy is not dealt with as a high priority item at the Ministry level. Indeed, this may reflect an overall Government attitude that has prevailed to date.

The third reason for removing the responsibility for the Strategy from the Ministry and from the Branch is that they have not been able or successful in acting as forceful advocates for the Strategy both within and outside the Ministry. When the Government did not flow the allocated dollars to the Strategy in fiscals 2002-03 and 2003-04, the Branch did not press for all of the holdback funds. It accepted the Ministry's decision to defer a significant portion of the money to address high priority Ministry pressures to produce savings in its overall budget. Obviously, the Ministry was not able to convince Management Board of Cabinet that these holdback funds should be made available, assuming that it tried to do so. In addition, the Branch and the Ministry did not forcefully or successfully advocate (until 2005) for the delivery of the social-marketing campaign that has been developed by the Responsible Gambling Council - Ontario. An advocate for problem gambling must be as free as possible from bureaucratic politics and restraints to openly advocate for public policy that addresses the broader social impacts of gambling and promote the objectives of the new Strategy.

The Strategy clearly requires a strong advocate, and the Ministry's inability to perform that function may also be attributed in part to the fact that the Branch is heavily burdened with its obligations to the substance-abuse and other areas while the Ministry has a huge agenda to deal with.

Finally, the Ministry has now become involved in a plan to create a Local Health Integration Network throughout the province whereby the delivery of health services will become more regionalized. This will create problems for agencies and stakeholders that are delivering programs within the Problem-Gambling and Responsible-Gaming Strategy on a province-wide basis. It will make the development and implementation of a province-wide Strategy more difficult, if not impossible. It will likely lead to the fracturing of the delivery of problem-gambling services and to duplication with the accompanying waste of resources. This has been the experience in Quebec. From this perspective, it would be better to see the Strategy in the hands of a body that is not following a regionalized approach

The question remains as to what body should assume responsibility for the development and delivery of the new Strategy. Consideration has been given to moving the Strategy to the Office of the Medical Officer of Health. This Office has greater independence from government and considerable experience dealing with public health issues. However, it remains a small part of a very large Ministry of Health and Long-Term Care. Consideration has also been given to the creation of a new agency that would have the sole mandate of dealing with the Problem-Gambling and Responsible-Gaming Strategy as has been recommended in Quebec. Ideally, such a body would be as far removed from government as possible and would operate with a single-minded purpose and in the public interest.

However, all of this can be accomplished by transferring the responsibility for the new Strategy to an existing agency that has all of the hallmarks of independence and a mandate to protect the public interest, viz. The Alcohol and Gaming Commission of Ontario.

The Alcohol and Gaming Commission of Ontario is a statutory body operating under the provisions of the Alcohol and Gaming Regulation and Public Protection Act, 1996. In addition to its responsibilities for regulating alcohol, the Commission is mandated to exercise its powers and duties in the public interest and in accordance with the principles of honesty and integrity and social responsibility in the regulation of gambling. The Commission is responsible for the administration of the Gaming Control Act, 1992, and its Board of Directors may establish guidelines governing the exercise of any of the powers and duties conferred on it under this Act. The Alcohol and Gaming Regulation and Public Protection Act should be amended to expressly provide that the Commission should be responsible for developing and delivering the new Problem-Gambling and Responsible-Gaming Strategy.

As a regulatory body, the Alcohol and Gaming Commission acts as a quasi-judicial body that is independent of the day-to-day involvement of government. As such, it is free to seek the enactment of Regulations that provide the details of the Strategy and the enforcement of any provisions and requirements that may be put in place in order to advance the objectives of the new Strategy. Regulations under the Gaming Control Act already restrict the nature of the advertising of gambling, the extension of credit, the prohibition of minors from playing games of chance and the exclusion of patrons from gaming premises. Violations of these provisions can lead to prosecution and the possibility of fines and license suspensions. In addition, the Commission must approve any new game or gaming device such as an electronic gaming machine before it is put into play.

It is arguable that the provisions of the Alcohol and Gaming Regulation and Public Protection Act are already broad enough to permit the Commission to oversee the Problem-Gambling and Responsible-Gaming Strategy as it has the mandate to exercise its powers and duties in accordance with social responsibility. However, in light of the prior recommendation to embody the new Strategy in legislation, the Alcohol and Gaming Regulation and Public Protection Act should also be amended to expressly give the Commission the oversight and responsibility of the Strategy. This will also focus the Commission's attention on problem gambling and on its social-responsibility mandate when it is asked to approve any new game or gambling machine, or oversee the advertising of gambling or the extension of credit to permit gambling.

The Commission regulates the activities of the Ontario Lottery and Gaming Corporation. Accordingly, any provisions dealing with the detailed requirements of the Strategy that may be enacted as regulatory requirements could be enforced against the OLGC.

The Commission, through its Government-appointed Board of Directors, would work out the details of the new Problem-Gambling and Responsible-Gaming Strategy and consider the internal strategies for each of its components, viz. treatment, prevention/awareness (education), research and consumer protection. As for consumer protection, the Commission already has the power to approve all electronic gaming machines and the layout of gaming facilities and so it could mandate requirements and limitations that would foster safe gambling practices in these respects.

As previously noted, the regulator of gambling is also responsible for the problem-gambling strategies in British Columbia, Alberta, Manitoba and New South Wales and this approach i.e. a transfer of the program to an independent body, is currently being recommended in Quebec as well.

There will be some financial costs involved in moving the responsibility for the new Strategy to the Commission. The Commission will require additional personnel to manage the Strategy and its support services such as finance and communications will also have an additional role to play. However, the costs incurred will largely be off-set by savings in the Ministry of Health and Long-Term Care. And even if it may cost slightly more for the Commission to administer the Strategy, the benefits will far outweigh the costs.

Accordingly, it is recommended that:

8. The overall responsibility for the new Problem-Gambling and Responsible-Gaming Strategy should be transferred from the Ministry of Health and Long-Term Care to the Alcohol and Gaming Commission of Ontario. The Alcohol and Gaming Regulation and Public Protection Act, 1996, should be amended to reflect this added responsibility of the Commission.

9. The annual allocation of funds generated by the 2% formula should be transferred from the Consolidated Revenue Fund to the Commission for the purposes of funding the Strategy, including its administrative costs.

10. The Commission should proceed to develop and implement the new Strategy taking into account the detailed recommendations contained in this Report.

The Strategy for Treatment

Treatment is a key component of the Problem-Gambling and Responsible-Gaming Strategy. This component requires an integrated approach that includes the utilization of the best available treatment methodologies, alternative and flexible delivery models, the collection of meaningful data including detailed statistics on client attendances and treatment-counsellor hours, and outcome monitoring based on longitudinal studies with sound client follow-up procedures. The availability of treatment services should be based on needs assessments conducted throughout the Province. It should be made clear that treatment and counselling services are available not only to problem gamblers and their families but also to those who are at risk of becoming problem gamblers.

The treatment strategy should include universal training of treatment counsellors that includes a certification and re-certification program. Treatment should involve a holistic approach and it should be integrated with creditor/debtor and family counselling where needed.

Most important, the deliverers of treatment services must be accountable for their activities. Special care must be taken to monitor the time spent by counsellors on outreach services and the treatment of clients with multiple addictions.

The treatment component must be integrated with the other components of the Strategy and overseen by a single body that has the overall responsibility for the entire Strategy. It is recommended that:

11. The treatment component of the Problem-Gambling and Responsible-Gaming strategy should be comprised of an integrated, community-based approach that includes the utilization of the best available treatment methodologies, alternative and flexible delivery models, the collection and dissemination of meaningful data on client attendances, treatment-counsellor hours and outcome monitoring based on longitudinal studies with sound client follow-up procedures.

12. The availability of treatment services should be based on needs assessments, and the deliverers of treatment services must be accountable for all of their activities.

As previously noted in this Report, The Ministry of Health and Long-Term Care has designed a network of 47 community treatment agencies and given them the responsibility for delivering treatment and counselling services to problem gamblers, their spouses, families, friends and employers. Included in these 47 agencies are nine that specialize in services for women, seniors, youth and ethno-cultural communities.

The treatment network was put in place when no one knew how many clients would appear for treatment. It was anticipated that the prevention/awareness work that was being done by some of the treatment counsellors and provincial agencies would generate a modest caseload that would increase as time went on. In addition, the Helpline became operative and its telephone number was being circulated in the media, in printed materials, on posters at gaming sites and on slot machines. The Ontario Lottery and Gaming Corporation was also assisting, albeit modestly, with making information on treatment available. However, no broad media campaign was launched, and the availability of treatment services was not well known. The numbers of clients presenting for treatment and counselling confirms this conclusion.

Notwithstanding, the 47 agencies continued to receive substantial funding. Some of the counsellors were doing outreach work but again, this did not appear to produce a substantial demand for treatment services. Accordingly in many instances, the counsellors' available time was devoted to substance-abuse treatment.

Although there has been limited uptake of treatment services throughout the network in fiscal 2003-04 (approximately 3,800 clients seen by 74.5 FTE treatment counsellors for an average of 51 clients per counsellor) and in fiscal 2004-05 (approximately 5,900 clients seen for an average of 79 clients per counsellor), the Branch is planning to spend an additional $10.97M on treatment services in fiscal 2004-05 (a total of $24.17M) than it did in the previous fiscal year ($13.2M). While approximately $1.83M of these additional funds is directed to information gathering and a client-outcomes study, the remaining $9.14M will be used for direct treatment services (including $1.87M for the training of treatment counsellors). As previously noted, a substantial portion of these funds is being used to subsidize the substance-abuse treatment network. The Commission should revisit this decision as soon as possible as it now appears that the treatment component of the problem-gambling Strategy will be even more over-funded than before.

Once the treatment needs of a particular geographical area of the Province or a population group are determined, funding for treatment services should be adjusted and committed for three-year periods where appropriate. This will create a level of stability and will permit longer-term planning. It is recommended that:

> 13. The funding of problem-gambling treatment services should take into account the data on the number of clients with gambling problems and the number of clients with multiple addictions that include a gambling problem. Care should be taken to determine the number of clients with only substance-abuse problems that are being treated by problem-gambling counsellors. Once determined, funding commitments for the treatment of problem gamblers should be made for three-year periods, where appropriate.

Leaving aside for the moment the question as to whether treatment counsellors should also be doing community outreach work, the treatment services being delivered by funded agencies should be more closely related to needs assessments of the clients being served and the number of potential clients that will be served by each agency. One FTE treatment counsellor should only be funded if a caseload of

120 clients exists for that counsellor. In areas where the caseload does not justify a FTE treatment counsellor, part-time counsellors should be employed where possible or private practitioners should be engaged on a fee-for-service basis as is done in British Columbia.

In some rural and remote locations, the telephone could be used to deliver services. The Commission should determine how best to serve each area of the Province with treatment services, and a flexible approach should be adopted rather than following the same staff allocation formula per agency that is now being used. It is recommended that:

> 14. Treatment services may be delivered by clinicians in established community agencies and/or by private practitioners. The client caseload of an FTE treatment counsellor in an agency should be established at 120 clients per year based on an average of six to eight hours per individual client. Private practitioners when utilized, should be paid on a fee-for-service basis.

If it is determined by the Commission that treatment counsellors should also be doing community outreach work, then the time involved in that work should be credited to an FTE's normal workload. The extent of any community outreach work that is required should be determined on a needs basis in each area of the Province and a flexible approach should be adopted. Information should be kept on the community outreach work being done including the nature of the work and the hours spent by the service provider. It is recommended that:

15. If treatment counsellors are performing community outreach services, the time spent on community outreach should be monitored and taken into account in determining a counsellor's client-caseload requirements.

As previously noted, the Commission should adopt a flexible approach in the delivery of treatment services to problem gamblers. Counselling with the use of the telephone or the internet could prove to be a feasible alternative to face-to-face counselling and, by their inherent nature, address a number of other concerns.

A pilot project under the supervision of the Centre for Addiction and Mental Health is currently underway in Ontario to assess the efficacy of telephone counselling. Manitoba and Nova Scotia have a history of delivering treatment services by telephone, and the results of their respective experiences should be studied carefully. If telephone counselling proves to be effective, then it can be used in situations where geography separates the counsellor from the client, where there is an insufficient caseload to warrant the presence of a treatment counsellor in a particular area, or where due to physical disability, embarrassment or reluctance on the part of the client to meet a counsellor face-to-face, the telephone presents an efficient and low-cost alternative. If necessary, directed research should address this issue, and the results should be used to guide the Commission as to whether this additional/alternative method of providing services should be implemented.

In addition, for some, the internet presents many of the same opportunities and advantages as the telephone. Again, research and a pilot project may be required to assess this potential method of service delivery.

In fiscal 2004-05, the Ministry has decided to fund a pilot project in order to determine the need for and the effectiveness of a residential treatment program. The results of this project should be analyzed along with the experience of Manitoba, which has also developed a similar pilot project. As noted earlier in this Report, the preliminary results of the success of the Manitoba project have been mixed and Ontario should proceed cautiously in this area.

The Commission should also explore the possibility of opening offices in some of the gambling locations such as the commercial-type casinos, charity casinos and larger Slots-at-Racetracks locations and staffing those offices with trained counsellors as has been done in Winnipeg. Not only could these professionals discuss gambling, problem gambling and responsible-gaming issues with patrons, but they could provide immediate crisis counselling and assist patrons in entering a program of treatment where advisable. The counsellors could also assist in enrolling the patron in a self-exclusion program. The Commission should monitor the Manitoba experience. (On January 20, 2005, the Minister of Economic Development and Trade announced that treatment counsellors would be placed in the commercial-type casinos.) It is recommended that:

16. The Commission should explore the use of alternative/additional methods of delivering treatment

> services such as the use of the telephone, the internet and residential treatment. Consideration should be given to placing treatment counsellors in gambling locations such as commercial-type casinos, charity casinos and Slots-at-Racetracks locations. Pilot projects should be utilized (or continued) for the purposes of exploring these possibilities. The experiences in other jurisdictions should be assessed and, if necessary, directed research projects should be undertaken.

As noted earlier in this Report, the existing problem-gambling Strategy funds agencies that specialize in the treatment and/or education through community outreach of women, seniors, youth, young adults and ethno-cultural groups in the area of problem gambling and responsible gaming. Where there are sufficient numbers of problem gamblers attending for treatment, funding should continue for these specialized agencies. However, as in the case of dealing with the general population, needs assessments are required in order to determine whether the funding of one or more FTE treatment counsellors for special groups is justified in each location.

With respect to the treatment of youth problem gamblers, some research suggests that behaviour modification therapy may not be the best approach. This Report is not the place to debate the merits of alternative treatment models. The Commission should assess the research and experience of other jurisdictions, direct further research if necessary and adopt best practices.

Regarding Aboriginal communities, the existing problem-gambling Strategy does not provide specialized treatment services for Aboriginal Communities. Aboriginals argue that problem-gambling treatment services should be a part of the responsibility of substance-abuse counsellors that are already in place to serve Aboriginal communities and that where there are no on-site treatment agencies, counsellors should be funded to travel to those communities. They also argue that treatment counsellors must be knowledgeable of and sensitive to the cultures of the Aboriginals that are being treated and, where possible, they must be able to communicate in the same language. This is a compelling argument and is one that can be made with respect to the treatment of ethno-cultural communities as well. An Aboriginal Participatory Action research study is underway to determine the best methods for delivering treatment services to Aboriginals. The Commission should consider the results of the study and the special needs and characteristics of Aboriginal communities in order to determine its treatment strategy.

In order to address the problem-gambling treatment needs of Aboriginal and ethno-cultural communities, the Commission must balance the needs with the costs and be flexible as to how it deals with specific communities. In some cases it may be possible to assign roving counsellors to several communities and accept that there will be additional costs due to travel times and expenses. In other cases, it may be necessary to pay for the client's travel costs to a treatment centre. In other cases, it may be possible to provide services by employing counsellors on a fee-for-service basis. In urban centres, it may be possible to consolidate or organize the services that are provided to ethno-cultural communities in existing agencies such as COSTI in Toronto.

It is therefore recommended that:

17. Directed research should be undertaken (or continued) to determine the most effective ways of treating problem gamblers who are women, seniors, youth, young adults, members of ethno-cultural communities and Aboriginals. Needs assessments should be undertaken to determine the treatment requirements for each special group. The experience of other jurisdictions should be considered with a view to adopting best practices.

18. In the case of Aboriginals and ethno-cultural communities, attention should be directed to the cultural, linguistic and social characteristics of various groups, and consideration should be given to providing treatment services that take into account the uniqueness of each group.

In the past, too little has been done in monitoring treatment outcomes. The Commission should consider funding longitudinal, directed research that may extend over several years for the purposes of assessing the results of treatment that is being provided to both general and special population groups. The Ministry proposes to begin this task in fiscal 2004-05. In addition, data should be collected on an ongoing basis on treatment outcomes.

It is also important to continue to monitor treatment techniques and models in order to ensure that the best-treatment practices are utilized. This also requires a commitment to directed research that will help determine best practices having regard to the special needs of specific population groups such as youth and Aboriginals. It is recommended that:

19. The Commission should consider funding longitudinal directed research for the purposes of assessing the results of treatment being provided to both the general and special population groups such as youth, young adults, women, seniors, ethno-cultural communities and Aboriginals. Data should be collected on a continuous basis on treatment outcomes.

20. Treatment techniques and models should continue to be monitored on an ongoing basis in order to ensure that Ontario is utilizing best-treatment practices

It has become apparent that clients with gambling problems often need assistance with financial, family and employment issues. At the present time, clients are referred to other agencies for such assistance. Wherever possible, problem-gambling treatment facilities should be integrated with agencies that can also address the client's other needs so that the holistic needs of the client can be addressed at the same time and at the same place.

If it were possible to do so, there would be a benefit in physically separating the offices or clinics where problem gamblers are treated from those locations that deal with substance-abuse clients. One of the reasons given for the low numbers of clients in the gambling-treatment system is that there is a reluctance of some clients to "mix" with those who abuse alcohol and drugs. In some of the clinics in Manitoba, this separation has been made. It is, however, recognized that this latter objective may be difficult to achieve as some clients with gambling problems may also have substance-abuse problems. In addition, if the number of problem-gambling clients were small, it would be difficult to justify the presence of a treatment counsellor that only saw problem-gambling clients.

Nonetheless, it would be advantageous to have a commonly branded network of agencies or offices where the availability of problem-gambling treatment services could be readily identified even if such locations also dealt with substance-abuse issues. It is therefore recommended that:

21. Wherever possible, problem-gambling treatment facilities should be integrated with financial, family and employment counselling services so that the client can be treated in a holistic manner. In addition, the network of problem-gambling treatment locations should be commonly branded so that they are readily identifiable.

If the Government intends to use funds generated by the 2% formula for substance abuse "to address on-going operational and service pressures" and for treating clients with multiple addictions without detailed information and accountability, this should be made clear. Several stakeholders in the prevention/awareness area are concerned that the current use of these funds is impacting negatively on their ability to receive funding to do prevention/awareness work that they deem necessary. In fiscal 2004-05, the Ministry has received approval from Cabinet to allocate $9.2M for substance abuse. In future years, the Government must clarify its intention with respect to the use of these funds considering the recommendations of the Alcohol and Gaming Commission of Ontario and the recommendations contained in this Report. Accordingly, it is recommended that:

22. The Government should clarify its position and policy with respect to the use of funds ($9.2M in fiscal 2004-05) generated by the 2% formula for the purposes of dealing with problem-gambling clients who also have multiple-addictions and to address operational and service pressures in the substance-abuse treatment network. Needs assessments and audits are required with respect to the current use of such funds, including a determination of the number of cross-addiction clients being treated.

The training of treatment professionals and allied professionals who might come into contact with problem gamblers has been undertaken by the Centre for Addiction and Mental Health. CAMH should be encouraged and funded to continue this work and, in the case of treatment counsellors, an accreditation system for Ontario with continuing education and re-certification requirements should be formally incorporated into the program. An accreditation logo could be adopted so as to permit the ready identification of an expert in the area of problem gambling. Some of these needs are beginning to be addressed in the Ministry's fiscal 2004-05 budget proposals.

Treatment professionals should also be encouraged or required to attend conferences dealing with treatment issues. Funding to support the attendance at conferences should be part of the base funding of treatment agencies.

It is recommended that:

23. The Centre for Addiction and Mental Health should continue to take the lead in developing and delivering training programs for problem-gambling counsellors and allied professionals. It should develop an accreditation system for problem-gambling treatment counsellors that includes continuing education requirements and periodic re-certification. In time, only accredited counsellors should be entitled to deliver problem-gambling treatment services.

24. Funding should be available to support the attendance of treatment professionals at conferences that address treatment issues. Treatment professionals should be encouraged or required to attend such conferences.

There has also been an overall lack of data on treatment until very recently. In order to justify the continued support of 47 treatment agencies with dollars generated by the 2% formula, accurate statistics must be collected annually. Data should include the number of problem-gambling clients treated, the number of persons related to problem gamblers that have been counselled, the number of hours spent by counsellors with clients and others, whether the clients were seen individually or in group sessions and for how many hours, whether clients received treatment or counselling by telephone and, if so, for how many hours and whether the problem gambler had multiple addictions and, if so, whether problem gambling was the primary diagnosis.

With respect to problem gamblers that present with multiple- or cross-addictions, at the present time province-wide numbers of such clients and the time being devoted to each are unknown. Accordingly, there is little accountability for the funds being used to deal with those with cross-addictions. The available evidence indicates that these funds are being used, in part, to fund all 150 substance-abuse agencies that include 103 that do not treat problem gamblers. Aside from funds ($800,000) that were transferred to DATIS for the collection of data on problem gamblers, $4.2M was transferred in fiscal 2003-04 for substance-abuse purposes and the Ministry has obtained approval to transfer $9.2M in fiscal 2004-05.

The task of data collection and management with respect to problem-gambling clients has been given to the Drug and Alcohol Treatment Information System (DATIS). As its name suggests, this agency also collects data on substance-abuse clients. In funding DATIS, care must be taken to determine the actual costs involved in collecting and processing data on problem gamblers as opposed to others. Funding allocations should be based on those costs so that Strategy dollars are not subsidizing DATIS's other activities. It is recommended that:

25. The Drug and Alcohol Treatment Information System should continue to collect and disseminate the necessary data on the treatment of problem gamblers, their spouses, families, friends and employers. The funding of DATIS should be based on an audit of the costs related to this function in order to ensure that Strategy dollars are not being directed to DATIS's other responsibilities.

26. A data management system should be put in place that includes statistics on the number of problem-gambling clients treated, the number of persons related to problem gamblers that have been counselled, the number of hours spent by counsellors with clients and others, whether the clients were seen individually or in group sessions and for how many hours, whether clients received counselling by telephone and, if so, for how many hours and whether the problem-gambling client had multiple addictions and if so, whether problem gambling was the primary diagnosis.

At the present time, there is insufficient information available on the time being spent on the work that is actually being done by each FTE treatment counsellor funded by the Strategy. Accordingly, there is a lack of accountability by the agencies to the funding body in this respect. Without accurate information and a high level of accountability, it is impossible to determine how much time is actually being spent by problem-gambling treatment counsellors on the treatment of substance-abuse clients. In sum what is needed is an effective performance/management data system with built-in accountability. It is recommended that:

27. Data should be collected to determine the time that is being spent by problem-gambling treatment counsellors on treating substance-abuse clients that have no gambling problem.

The Ontario Problem Gambling Helpline serves both the treatment and prevention/awareness components of the Problem-Gambling and Responsible-Gaming Strategy. It is part of the Drug and Alcohol Registry of Treatment (DART) that also provides services in the substance-abuse area.

The Helpline is a very valuable tool and should be seen as an essential component of an overall information strategy. It has the potential of linking problem gamblers with treatment services, providing information on gambling, problem gambling and responsible gaming to problem gamblers, those at risk of becoming problem gamblers and the public at large. Its utilization rate compares favourably with utilization rates in other jurisdictions.

It is essential that there is broad publication of the existence of the Helpline, its services, and its toll-free telephone number. The Helpline has prepared and distributed a limited amount of promotional materials and in fiscal 2004-05, additional funds are being made available to permit it to increase this effort. As noted earlier in this Report, the Helpline telephone number is publicized on most print material including lottery tickets issued by the OLGC. However, in many cases the number is in very small type and in an insignificant place. There are some posters at gambling sites that feature the

Helpline telephone number and it is also found on electronic gaming machines but, again, it is not prominently displayed. The dissemination of the Helpline telephone number should be the subject of regulatory requirements that the Commission can create and enforce.

In addition, there has been very little media advertising of the Helpline and its features, including the telephone number. This, along with a social-marketing campaign that will be discussed below, should be a high priority for the Commission in its future planning.

The Helpline has the potential to expand its services by creating ongoing relationships with callers. This can be done without impinging on anonymity of callers who wish to remain anonymous by providing callers with identification numbers or passwords. Helpline operators can place follow-up calls to clients in order to monitor their progress and provide ongoing support and encouragement. It is important that clients develop a sense of hope that their problems can be addressed and that there is a caring service available to share their concerns in addition to direct treatment services. This promotes a culture of responsibility. Client tracking can also provide useful data on treatment outcomes.

The Helpline has developed a useful website that can be expanded to include a 'chat-room' where clients can share their experiences with their peers. The website can also provide information on gambling, self-assessment and responsible-gaming practices that can be used by gambling clients, gambling industry staff and the public at large.

As has been done in New Zealand, thought should be given to changing the name of the Helpline by removing the word "problem" so that it simply reads – The Gambling Helpline. The expansion of services undertaken by the Gambling Helpline in New Zealand provides a model for what can be accomplished in Ontario. It is recommended that:

28. The Ontario Problem Gambling Helpline should be seen as an essential component of an overall information strategy. Funding should be provided to permit the broadest dissemination of the Helpline telephone number and information on the services that it provides, including the use of a broad social-marketing media campaign. Regulations should be enacted that require the providers of gambling services to distribute information about the Helpline, including its telephone number, in accessible places and in prominent manners.

29. Consideration should be given to broadening the services provided by the Helpline to include a program of call-backs and a chat-room on its website.

30. The name of the Problem Gambling Helpline should be changed to The Gambling Helpline.

The Strategy for Prevention/Awareness

Prevention/Awareness is a key component of the Problem-Gambling and Responsible-Gaming Strategy. In the context of problem gambling, it is essential that the public be aware of what constitutes problem gambling and that problem-gambling treatment services are available. In the context of responsible gaming, the term 'prevention/awareness' takes on a different but somewhat related meaning. In this context, it is essential that the public have sufficient information to permit individuals to make informed choices as to whether to gamble and, if so, to what extent. It is important that the public be aware of the risks and potential consequences of becoming problem gamblers.

At the present time, a number of stakeholders in Ontario are involved in the delivery of prevention/awareness services as part of the problem-gambling Strategy. In addition, the Ontario Lottery and Gaming Corporation is providing prevention/awareness services as part of its responsible-gaming strategy. However, there is no overall prevention/awareness strategy in place and very little co-ordination between the activities of the various stakeholders.

At minimum, the time of a .5 FTE treatment counsellor in each of the 47 community agencies is dedicated to community outreach. This is designed to acquaint the public with the nature and availability of problem-gambling treatment services and with information on problem gambling and its negative consequences. The nature of the outreach varies from community to community and depends in part on the needs of individual communities, their demographic make-up, their geography and the availability of other related services being provided by community organizations. The Ministry of Health and Long-Term Care leaves it to each agency to determine its own program. The only unifying feature lies in the training that is provided to counsellors by CAMH. Otherwise, there is no strategy in place that identifies priorities and co-ordinates the efforts of each agency toward a common goal.

Many of the community agencies are involved in presentations to local groups and to allied professionals. Much depends on the ability of the on-site counsellor to make contact with groups and to persuade them to host a presentation. Counsellors also distribute brochures, pamphlets, posters and information on self-assessment. Some counsellors attend health fairs and set up information kiosks at other community gatherings. When follow-up surveys are done, the overall results are positive. However, what is clear is that all of these efforts combined have not resulted in increased numbers of problem gamblers turning up for treatment.

As noted earlier in this Report, some of the treatment agencies provide specialized treatment services for seniors, young adults, ethno-cultural and Aboriginal populations. The community outreach services provided are also specialized. However, there is no coordinated effort across the province to deliver programs for these populations that are tailored to meet their special needs and characteristics.

The Responsible Gambling Council – Ontario's sole mission is to assist individuals and communities to address gambling in a healthy and responsible manner by providing prevention, awareness and education programs. It has become an expert in this field but many of its proposed initiatives have not been approved and/or funded by the Ministry. As a prime example, the RGCO proposed the development and delivery of a broad social-marketing media campaign directed at youth and young adults designed to address problem gambling and responsible-gaming practices. Funding was approved by the MOHLTC for the production of the campaign but Government did not approve the delivery of the program until 2005.

The Ontario Lottery and Gaming Corporation has worked on its own in developing responsible-gaming programs. These include messaging on its products and on electronic gaming machines that provides the Helpline telephone number and information about responsible-gaming practices that is found in its brochures, posters, magazine and on its website. Its employees have received limited training on dealing with problem-gambling and responsible-gaming issues. Its self-exclusion program is effective in smaller locations but much more difficult to enforce at the larger sites. Most of the activities of the Corporation are performed on a voluntary basis except for the regulatory requirements relating to the presence of minors at gaming sites, advertising and the extension of credit. The Corporation's efforts are not part of an overall strategy relating to responsible-gaming practices.

The entire prevention/awareness component of the Strategy has been somewhat neglected in favour of the treatment component. This has resulted, in part, from the approach taken by the Ministry of Health and Long-Term Care in making treatment its first priority. The Ministry has built up a treatment structure that goes beyond what is currently required and this has impacted negatively on the prevention/awareness component of the Strategy. A major shift in priorities is now required so that the emphasis moves to education, public awareness and informed choice.

The adage "An ounce of prevention is worth a pound of cure" is no less relevant to the problem-gambling area than it is elsewhere. In addition to focusing on the goal of preventing individuals from becoming problem gamblers, a sophisticated prevention/awareness strategy is an important pro-active step in ensuring the long-term viability of the gaming industry. Accordingly, it is recommended that:

31. The Commission should develop a province-wide strategy and campaign designed to educate and inform the public on gambling, problem-gambling and responsible-gaming practices. The objectives of the strategy should include familiarizing the public with the realities associated with excessive gambling, the nature of and the negative consequences and risks of problem gambling, the availability of treatment services to deal with problem gamblers and their families and the techniques for gambling responsibly.

32. The prevention/awareness component of the Strategy should be designed to provide those who engage in gambling with adequate information to permit them to make informed choices. Its objective should be to minimize the likelihood that non-problem, low-risk and moderate-risk gamblers would become problem gamblers and suffer the potential negative consequences.

33. Funds, in an amount to be determined by the Commission, should be transferred from the treatment component of the Strategy in order to adequately fund programs that deal with prevention/awareness. Care should be taken to ensure that the treatment component maintains a modest reserve of funding to deal with any increases in the demand for services that may result from an enhanced information and education effort.

34. The Commission should coordinate the programs and materials prepared and offered in the prevention/awareness component of the Strategy including those offered by the OLGC so as to create a unified approach and cost efficiencies and to avoid duplication of effort. The messaging should be consistent no matter the presenter.

The Responsible Gambling Council – Ontario has developed considerable expertise in the delivery of programs dealing with gambling issues, and the Commission should consider utilizing its services as a leading stakeholder in developing and delivering programs on problem gambling and responsible gaming in the community at large. Funding for the RGCO should be established on a three-year basis in order to provide for continuity in programming and long-term planning. It is recommended that:

35. The Commission should consider utilizing the services of

the Responsible Gambling Council – Ontario as a key stakeholder in the development and delivery of programs on problem gambling and responsible gaming in the community at large. Funding for the Responsible Gambling Council - Ontario should be established on a three-year basis in order to provide for continuity in programming and long-term planning.

At the present time, treatment counsellors at community agencies are providing prevention/awareness services and information to those who attend for treatment and their families and by means of community outreach to the general population in specified geographic areas. Treatment counsellors are trained to perform this function by CAMH.

The Commission should consider whether treatment counsellors are the best resource for providing prevention/awareness programs and information services to local communities. When an event is held in a community, there is a need to ensure that it receives media attention so that the publicity becomes a part of the outreach activity. Treatment counsellors are not experts in public relations.

In some cases, it may be more appropriate to retain other service providers on a contract and/or fee-for-service basis as is done in British Columbia. This will provide a more flexible approach so that a determination can be made in each case as to how to best provide this service. It is important that all persons providing this service should be trained to do so, and the Commission should ensure that a training program is in place. CAMH is doing an excellent job in training treatment counsellors to deliver community outreach services and it should continue to be the training provider.

In fiscal 2003-04, The Responsible Gambling Council – Ontario developed and delivered a Problem Gambling Awareness Week program to five communities in Ontario. In fiscal 2004-05, it is being funded by the Ministry to expand this program to a Problem Gambling Prevention Month. In addition to an increased number of communities, the program will be offered in most of Ontario's casinos, racetrack facilities and in some bingo halls. The program has been accepted very well and it, together with media coverage in the designated communities, has elevated the profile of problem gambling.

In addition, the RGCO has developed and delivered programs on problem gambling and responsible gaming to children in primary and secondary schools. It is important that this work be continued and consideration given to introducing entrenched programs on gambling and problem gambling to children and teachers in the school systems.

There is considerable evidence that many children and adolescents are gambling. These young people will be eligible to gamble legally in Ontario's casinos and elsewhere when they reach 19 years of age. It is vital that they receive information at an early age so that they become aware of the dangers of excessive gambling.

When developing and delivering prevention/awareness programs for specific population groups including youth, seniors, women, ethno-cultural communities and Aboriginals, the Commission should consult with existing stakeholders as well as others. For example, when dealing with youth, the YMCA and the University of Toronto's, Faculty of Medicine have experience in developing and delivering programs. When dealing with Aboriginal communities, the Commission should consult with the existing umbrella organizations that are already active in this field.

Accordingly, it is recommended that:

36. The Commission should consider providing community-outreach services on a flexible basis that could include the employment of treatment agencies or others on a contract and/or fee-for-service basis.

37. The Centre for Addictions and Mental Health should continue to train treatment counsellors and/or other service providers who are providing community outreach services.

38. Based on the results of sound research, much of which is yet to be conducted, prevention/awareness programs should be developed taking into account the special needs and characteristics of special population groups such as seniors, women, youth, young adults, ethno-cultural communities and Aboriginals. As a high priority, consideration should also be given to providing programs to children in the primary and secondary school systems.

39. When developing programs directed at specific population

> groups, the Commission should consult with stakeholders that are already active in this area such as the YMCA and the University of Toronto for youth, and the Aboriginal umbrella organizations that are assisting Aboriginal communities in this respect.

There are many opportunities for providing information on gambling, problem-gambling and responsible-gaming issues to those who attend at destination gambling locations. The OLGC, the operator of these facilities, is already involved in the distribution of brochures and pamphlets, the inclusion of information in its magazine and on its website and the posting of the Helpline telephone number on slot machines, in its advertising, on lottery tickets, electronic message boards and in game fact sheets. Posters are located in casino and slot facilities, and information is displayed on Automatic Teller Machines.

It is important that the information provided on these issues in both gambling facilities and throughout the Province is consistent. Consistent messaging should be available in treatment facilities, in presentations that are made in communities, in information provided by the Helpline, in media advertising and at gambling locations. This requires central co-ordination and should be overseen by the Commission. If necessary, regulations should be enacted that make different types of messaging mandatory. For example, at the present time, the availability and location of posters on problem gambling in casino and slot facilities is happenstance and seems to depend on the decisions of local managers. Information at lottery kiosks on the odds of winning different types lottery games is only available if requested by a patron. There is no uniform approach and no sense of pro-activity in providing customers with useful information on which they can make informed decisions and choices.

In dealing with gambling issues, there is a variety of information that can be conveyed. For example, information on the odds of winning at different games should be provided. Myths about the likelihood of positive lifestyle changes occurring due to success at gambling should be dispelled and not encouraged. Information on how slot machines and other electronic gaming machines actually operate and are programmed should be provided. Information on the risks of becoming a problem gambler should be provided along with self-assessment tools. Overall, there should be transparency about the risks and realities associated with excessive gambling. All of this can be accomplished in many ways without impairing the entertainment value of gambling activities.

As previously noted, if a problem-gambling/responsible-gaming office is located in a gambling venue, information on how slot machines operate can be provided using existing computer programs. Game Planit, an Ontario corporation, has developed such software and it is currently being used in a casino in Winnipeg. The Commission should consider placing this package in gambling facilities in Ontario.

Some jurisdictions, notably Manitoba and Nova Scotia, have incorporated software programs into VLT machines that provide information to players on gambling, the odds of winning, limiting time of play and displaying dollars won rather than credits. The research on the effectiveness of these programs is just beginning and should be monitored in order to determine the value of these initiatives.

In addition, there should be ongoing monitoring of the effectiveness of the various techniques utilized for providing information on gambling, problem gambling and responsible gaming to gamblers and to the public at large. Programs should be developed and adjusted based on reliable information and research.

It is recommended that:

40. Information provided on gambling, problem gambling and responsible gaming should be consistent no matter the medium, the audience and the information provider. The overall information strategy should be overseen by the Commission.

41. The Commission should consider seeking the enactment of Regulations under the Gaming Control Act that would make different types of gambling, problem-gambling and responsible-gaming messaging mandatory. In particular, the Regulations should require the OLGC to include messaging regarding gambling, problem gambling and/or responsible gaming in its promotional advertising.

42. The Commission should consider including in the information it provides, the odds of winning at different games, dispelling the myths about the likelihood of positive life-style changes resulting from gambling and how electronic gaming machines operate and are programmed.

Fortunately, Ontario has opted primarily for destination-gambling locations rather than placing gaming opportunities in locations such as bars and restaurants where patrons visit for other purposes. Destination locations such as casinos and the slot rooms at racetracks are obvious places where information can be disseminated to visiting gamblers. However, those who play the lottery, bingo players, horse-racing players and those who gamble on the internet or with a bookmaker (albeit illegally) are not being reached. In addition, persons who are not as yet gambling legally such as minors can also benefit from information upon which they can make informed choices when they become eligible to participate.

As previously noted in this Report, the Problem Gambling Helpline is a service that is already providing information to anyone who chooses to call. Aside from providing information on the availability of treatment services and family and creditor/debtor counselling for problem gamblers and their families, the Helpline could do a lot more at minimal cost. It is in a position to provide information on gambling, other aspects of problem gambling and responsible gaming. Once the Helpline's full range of responsibilities is determined by the Commission, its funding should be established on a three-year basis in order to provide for continuity in the services provided and long-range planning.

The most effective way, however, of reaching the public is through a province-wide media social-marketing campaign. This approach has been utilized in other jurisdictions, notably British Columbia, Manitoba and Victoria. Television appears to be the most effective medium but also the most expensive.

A social-marketing campaign can address all aspects of gambling, problem gambling and responsible gaming. This Report is not the place to design an effective media campaign but can take note of the very effective campaign launched by the partnership of the Liquor Control Board of Ontario and Mothers Against Drunk Drivers. These television commercials are hard-hitting but highly regarded and accepted by the public. As previously noted, the Responsible Gambling Council - Ontario has already prepared a media campaign directed to youth and young adults. The Commission should consider making the launching of this campaign and the development of a broader media campaign in partnership with the RGCO an early and high priority. If such campaigns are launched and delivered on an ongoing basis utilizing television, funds in excess of the monies generated by the 2% formula will likely be required. (On January 20, 2005, the Minister of Economic Development and Trade announced that $4M would be spent over the next two years on the a social media-marketing campaign.)

The OLGC has a very extensive advertising campaign through which it promotes its products and facilities. It employs the mass media for these purposes and is very effective in accomplishing its purposes. The Commission should consider amendments to the Regulations under the Gaming Control Act to require the OLGC to include in its media advertising, messaging regarding problem gambling and responsible gaming. The messaging should go beyond the mere repetition of its tagline "Know your limit, play within it" and include the Helpline telephone number.

Some argue that the budget for a problem-gambling media campaign should be at least as large as the promotional advertising budget of the O.L.G.C., viz. in excess of $400M per year. This would be greatly out of proportion to what is required. What is required is a body of research on what makes problem-gambling advertising effective. Until then if a benchmark for expenditures on advertising is required, it would be more reasonable to consider allocating approximately 5% of the amount spent by the O.L.G.C. annually on promotional advertising, i.e. $20M on a problem-gambling media campaign, as prevalence studies indicate that approximately 5% of the gambling public are problem gamblers or persons at risk of becoming problem gamblers. In any event, it should be left to the Alcohol and Gaming Commission of Ontario to determine the budget of a problem-gambling and responsible-gaming media campaign.

Finally, the Ministry of Health and Long-Term Care has not developed a website that includes information on all aspects of problem gambling. It is the only government administrator of a problem-gambling strategy that has not done so. The Commission should develop a website that provides full information on the new Problem-Gambling and Responsible-Gaming Strategy.

Accordingly, it is recommended that:

43. The Commission should establish as an early and high priority the development of a broad media social-marketing campaign designed to deal with gambling, problem-gambling and responsible-gaming issues. It should consider focusing parts of the campaign on specific

populations such as seniors, women and youth. It should also consider launching the media campaign developed by the Responsible Gambling Council - Ontario dealing with youth and young adults.

44. The Commission should develop a website dealing with all aspects of the new Problem-Gambling and Responsible-Gaming Strategy

45. The Commission should consider broadening even further the responsibilities of the Helpline to include the capability of providing information to the general public on gambling, other problem-gambling and responsible-gaming issues. Once the role of the Helpline is established and broadened, the Commission should consider funding this service on a three-year basis in order to provide for continuity in the services provided and long-range planning.

46. The Commission should consider seeking amendments to the Gaming Control Act that require the OLGC to include in its promotional advertising messaging regarding gambling, problem gambling and responsible gaming.

As previously noted in this Report, the OLGC operates a self-exclusion program that allows patrons to voluntarily exclude themselves from OLGC gaming sites. The form signed by the patron together with a photograph is circulated to the gaming sites, and if a self-excluded patron attends a site, trespass laws are invoked, and they are removed. Thousands of patrons have self-excluded, and in the larger sites, it is difficult if not impossible to enforce the self-imposed exclusion. At the smaller venues, patrons are known to security personnel and the program works reasonably well. If it is decided to locate treatment counsellors at gambling sites, they could assist with the self-exclusion process and establish ongoing relationships with the patrons.

Most self-excluded patrons honour their commitments not to return to a gambling site, and the program serves a useful purpose. In some jurisdictions, patrons are entitled to return to gambling sites only after completing a course on problem-gambling and responsible-gaming practices. In other jurisdictions, a patron must attend before a regulatory body and apply for re-admission to gambling venues.

While gambling operators make it as clear as possible that the onus rests with the patron to honour his or her voluntary exclusion commitment, there is always the possibility that operators may be found at law to have a duty to take reasonable steps to ensure that self-excluded patrons do not continue to gamble. (To date, there have been no Canadian decisions on this point. The American case law has consistently found that no such legal duty exists.) However, to simply cancel the voluntary self-exclusion program for this reason, would not be acceptable.

Accordingly, steps should be taken to improve the existing program by placing more emphasis on further assisting the self-excluded patron rather than simply seeking to enforce a ban on attendance. The patron should be urged, or even required, to attend counselling regarding their gambling problem. At the least, information should be given to the patron on gambling and problem gambling. The patron could be registered with the Helpline and follow-up contacts could be made in order to lend support to their individual efforts. If the patron has been a member of a rewards program, great care should be taken by gambling operators to ensure that he or she does not continue to receive promotional mail-outs from the program during the period of exclusion. Finally, a self-excluded person should not be entitled to any winnings that he or she might acquire as a result of attending a gaming site during the period of exclusion.

It is recommended that:

> 47. Voluntary self-exclusion programs should be maintained, but the emphasis should shift to assisting self-excluded patrons by providing them with information on gambling, problem-gambling and responsible-gaming practices. Before a self-excluded patron is re-admitted to a gambling site, he or she should be required to take a course on the above issues that will be offered by a stakeholder to be determined by the Commission. Self-excluded persons should not be entitled to any winnings as a result of attending at a gaming site during the period of exclusion.

Much more intrusive steps have been taken or considered in other jurisdictions to deal with the exclusion of problem gamblers from gaming sites. In most European jurisdictions, a patron must provide proper identification to enter a casino. A system such as this would greatly assist in identifying patrons who have excluded themselves from attending or who have been barred for other reasons.

Sophisticated technology such as facial and iris identification can be used to help identify excluded patrons. British Columbia has recently introduced a facial-recognition technology for this purpose. In some jurisdictions such as New Zealand, a positive onus is being placed on gambling operators to identify problem gamblers and exclude them from their premises.

In addition, the information that is available to gambling operators on patrons that enroll in a rewards program could be used to assist in identifying problem gamblers or those at risk of becoming problem gamblers. The OLGC offers a player loyalty program that seeks to reward patrons for their custom. The patron is issued a card that is subsequently inserted in an electronic gaming machine at the commencement of play. The OLGC collects biographical information on the patron at the time of registration and is able to monitor the number of times that the patron attends any of its gambling sites, the time spent gambling and a record of the "coin in" play. This information could assist in identifying frequent and potential problem gamblers. Information on problem gambling and responsible gaming could be sent to these patrons along with regular mailings. In some jurisdictions, there is a requirement that information on an individual's gambling history be available to the patron upon request.

Care should be taken in introducing any of the above features in Ontario at the present time. Intrusions on an individual's activities must be balanced with a right to privacy and self-determination. Accordingly, it is not recommended at this time that identification (other than proof of age, if relevant) be required in order to attend an OLGC site. The Commission should monitor the development of technology such as facial recognition and iris scanning that could assist in identifying self-excluded patrons.

It is, however, appropriate for the OLGC to send information on problem gambling and responsible gaming to frequent gamblers who are members of a rewards program as a precaution. This material could include information on the risks of excessive gambling and where to go for assistance. This could be done in a tactful and non-intrusive manner. It is therefore recommended that:

> 48. The Commission should consider the enactment of Regulations that would require the OLGC to monitor the play of patrons registered in a players' reward program and to forward information to them on gambling, problem-gambling and responsible-gaming issues in a format and at a time to be determined by the Commission.

All gaming operators and their employees that have contact with patrons engaged in gambling, should receive training on issues related to gambling, problem gambling and responsible-gaming practices. It is not the role of the gaming operator to treat problem gamblers but they should be aware of how to deal with patrons who appear to be in difficulty and how to assist them with information including how to contact treatment and counselling services. In Ontario, training programs are in place at the commercial-type casinos, and the OLGC is in the process of developing and offering training to its employees. The training of all operators and their employees who have contact with gambling patrons should be mandatory and overseen by the Commission. Such programs should be a requisite of licensing. The

Commission should determine who should provide the training and should approve the format and content of the training programs. Accordingly, it is recommended that:

49. All gaming operators and their employees who have contact with patrons engaged in gambling should receive training on gambling, problem gambling and responsible-gaming practices. Training should be mandatory and a requisite of licensing. The Commission should determine who should provide the training and should approve the format and content of training programs.

At this point, it should be noted that lotteries are not regulated under the Gaming Control Act and do not fall under the purview of the Alcohol and Gaming Commission of Ontario. The OLGC administers and self-regulates the lottery. This is an historical anomaly that should be corrected. This is particularly relevant to the ability of the Commission to impose obligations on the OLGC and others regarding problem-gambling and responsible-gaming requirements relating to lotteries. It is recommended that:

50. The Government should consider amendments to the Gaming Control Act that would give the Alcohol and Gaming Commission of Ontario the jurisdiction to regulate lotteries.

At the present time, those who purchase lottery tickets at lottery kiosks or in commercial outlets are provided with very little information regarding problem gambling or responsible gaming. The

Helpline telephone number is found in small print on some of the available print materials, and the tagline message "Know your limit, play within it" is also printed on lottery tickets. If brochures or pamphlets on problem gambling and responsible gaming are available at all, they are not found on counter-tops and must be requested by the patron.

In addition, it is now left to the OLGC to determine if a particular lottery agent is an appropriate and responsible person to sell and redeem lottery tickets and whether tickets are being sold to minors. The Commission should require that all lottery-ticket agents must be licensed and the enforcement personnel from the Commission will be able to monitor what takes place at lottery-ticket sales terminals.

New electronic message screens are now part of each lottery ticket-dispensing machine and so it is possible to convey information on problem gambling utilizing this equipment. The Commission should determine what information should be made available to purchasers of lottery tickets and how the information is communicated. Accordingly, it is recommended that:

51. All lottery ticket agents should be licensed by the Commission. The Commission should determine the nature and form of the information on gambling, problem gambling and responsible-gaming practices that should be available to purchasers of lottery tickets and the manner in which that information should be communicated.

As lottery-ticket agents have more contact with the public than do any other gambling-service providers, a training program should be developed in order to familiarize these agents with gambling, problem-gambling and responsible-gaming issues. The Commission should approve the nature and content of the training program and determine who should provide the program. Participation in a training program should be a requisite of licensing as a lottery-ticket agent. Accordingly, it is recommended that:

> 52. A training program for lottery-ticket agents should be developed and approved by the Commission. Participation in a program should be a requisite of licensing of lottery-ticket agents, and it should be delivered by a stakeholder to be determined by the Commission.

All of the programs and initiatives in the prevention/awareness component of the new Problem-Gambling and Responsible-Gaming Strategy should be monitored and evaluated. Part of the funding of each program and initiative should be dedicated to evaluation. Accordingly, it is recommended that:

> 53. All of the programs and initiatives in the prevention/awareness component of the Strategy should be monitored and evaluated, and part of the funding for each such program and initiative should be dedicated to evaluation.

The Strategy for Research

The third component of the existing problem-gambling Strategy is research. As previously noted in this Report, the major portion of formal research that is being conducted in Ontario is overseen by the Ontario Problem Gambling Research Centre. Formal research is also being performed by CAMH, some of which is funded by the Centre.

In addition to formal research, many of the stakeholders that deliver programs in the prevention/awareness component of the Strategy, assess the effect and success of the programs by conducting evaluations and surveys. Furthermore, pilot projects are being assessed as well. While this type of research is a part of the programs, it is an essential part of the process and should be built in to the funding of every program.

The essential problem that has existed until very recently in the research area is that there was no strategy in place that provided overall direction for the research that was being approved. In addition, there were no articulated priorities. Most research proposals that came to the Centre were generated by the interests of individual researchers, many of whom are connected to university departments. Indeed, one of the articulated goals of the Centre is to build a capacity within Ontario to conduct research in the problem-gambling and responsible-gaming areas, and this is done by funding graduate and post-graduate researchers to encourage them to enter this field.

In addition, there did not appear to be a concerted effort to relate the findings made through research to practical applications in the field.

While this happened in some instances, it did not appear to be part of a plan to determine what research should be done in order to ensure that evidence-based practices were put in place rather than continue to rely on the intuition of individual researchers and service providers to experiment with novel proposals.

The Research Centre has recently proposed a five-point plan for research spread out over a five-to-ten year period. The objective of the plan is to create a body of knowledge that leads to management of the potential liability of the Government resulting from problem gambling. The plan proposes to seek the confirmation of the Government's commitment to the Strategy, develop an implementation plan designed to protect the public from harm and ensure the sustainability of gambling revenues, identify a lead authority to carry the plan forward, allocate stable resources to key agencies and establish oversight and accountability. It identifies an essential role for research to drive solutions by examining in detail the nature of the problem-gambling disorder including the etiology and mechanisms of onset, the risk and protective factors, the sub-types of problem gamblers, differences due to age, gender and culture, trends in incidence and prevalence, effective approaches to prevention and effective treatment, and client-matching protocols. The Centre proposes an ongoing financial commitment to it of $4M per year to fund the required research.

The Centre also proposes that prevention initiatives should be based on a theoretical framework that begins with the identification through research, of the causes of problem-gambling behaviour. Desired outcomes in behavioural change should be identified and prevention programs should be designed with a view to achieving these outcomes. Research should be utilized in order to determine whether desired outcomes have been achieved and if, not, programs should be modified in accordance with the findings.

Many of the issues requiring research and identified by the Centre's plan have already been noted in this Report not because of the need to manage legal risk but rather as necessary steps that should precede the implementation of protocols and/or programs that would enhance the Strategy. While the Ministry of Health and Long-Term Care has decided recently that the Centre's budget for 2004-05 in the sum of approximately $3.7M should become base funding, in the future, it should be left to the Commission, in consultation with the Centre and others, to establish the priority of the issues to be the subject of research and which projects should be funded through the Centre.

Up to the present time, a major portion of research has been focused on treatment. While this is an important area, it results in too little being done in the prevention/awareness and consumer protection fields. Indeed, the standards of peer review that have been put in place by the Centre to evaluate research proposals tend to accommodate proposals in the treatment area and may be a barrier to evaluation-type research that would serve the practical needs of the prevention/awareness and responsible-gaming areas.

In the future, the Commission should play a much more active role than that played by the Ministry of Health and Long-Term Care in ensuring that research is relevant to the policies and strategies developed by the Commission to serve the needs of the new Problem-

Gambling and Responsible-Gaming Strategy. Research should be linked to policy development, future planning and resource allocation. As the Centre recently proposed, much more research should be result-oriented and designed to assist in the evaluation of programs and measures taken so that they can be modified and adjusted to serve the needs of the Strategy.

In the area of treatment, research is needed to determine treatment outcomes over extended periods of time. The Centre has recently proposed that research should be directed to determine why so few problem gamblers are presenting for treatment. Research should also help determine the best treatment methods for dealing with specific populations such as youth, young adults, seniors, women, ethno-cultural and Aboriginal communities. Existing data indicates that there is a higher prevalence of problems among youth and young adults that exists in the general population. Periodic prevalence studies should be carried out on the general population and on specific populations such as youth, young adults, women, ethno-cultural communities and Aboriginal populations.

Research should measure the reduction of harm caused by excessive gambling on gamblers, their families, employers, friends and the community resulting from treatment. Research should also measure the effectiveness of steps taken to enhance informed choice of individuals to gamble by determining changes in awareness and understanding of gambling and problem gambling. In order to assess these changes, researchers must have access to gamblers. The Commission should explore ways of ensuring that such access is available at gaming sites without unduly interfering with the activities of gaming operators.

While in some cases it is wise and necessary to put in place programs or pilot projects in order to assess their value, wherever possible, research should be conducted prior to implementing programs. The most obvious example of this is in the opening of new gaming facilities. In the past, facilities were opened and social impact studies on neighbouring communities were conducted subsequently. In the future, social impact studies should precede the opening or substantial expansion of any facilities.

In addition, there are a number of specific projects that deal with problem-gambling and responsible-gaming practices that require research. Some of these projects have already been proposed in Ontario and/or implemented in other jurisdictions. These include:

i) the effect of the location of ATM machines on the gaming floor or at gaming locations; whether cash and/or daily limits should be imposed at ATM machines; whether ATM machines at gaming sites should be programmed to accept cash deposits;

ii) the effect on gambling practices of pop-up warnings, problem-gambling messaging, on-screen time-of-day clocks; time-of-play limits, the speed of play, bet limits, credits expressed as dollars and mandatory cash-out features on electronic gaming machines;

iii) the effect on gambling practices of sound limits and art work on electronic gaming machines; the effect of gaming-room design and decoration on gambling practices;

iv) the effect on problem gambling of ticket-in/ticket-out programming of electronic gaming machines;

v) the effect on problem gambling of the use of 'smart-card' technology that permits a player to pre-set limits on gambling losses and time of play.

The Centre recently implemented an important funding program designed to ensure that the results of research are communicated to organizations that are uniquely in a position to implement recommended practices. Funding will also be available to permit researchers to interact and assist people who will apply the knowledge generated by their work.

Finally, research in the fields of gambling, problem-gambling and responsible-gaming practices is of universal application. Much more emphasis should be placed on partnering with other provinces and countries on generating research that can be shared. By pooling resources, greater value-for-money can be achieved.

Accordingly, it is recommended that:

54. The Commission, in consultation with the Ontario Problem Gambling Research Centre and others, should develop a strategy for dealing with research. That strategy should prioritize research needs. The research strategy should be more relevant to policy development, the measurement of outcomes, future planning, resource allocation and to the implementation of practices and programs in the fields of treatment, prevention/awareness and consumer protection.

55. There should be a shift in the focus of research from treatment to prevention/awareness and consumer protection. Research should assist in determining best practices for informing and educating specific populations such as youth, young adults, seniors, women, ethno-cultural and Aboriginal communities as well as the public at large.

56. Where relevant, researchers should have better access to gamblers at gambling sites and to data collected about them on an anonymous basis.

57. Wherever possible, social-impact studies should precede the opening of new gaming facilities or the substantial expansion of gaming opportunities.

58. Greater emphasis should be placed on developing partnerships with other provinces and countries on research projects.

The Strategy for Consumer Protection

As recommended earlier in this Report, a fourth component, consumer protection, should be added to the new Problem-Gambling and Responsible-Gaming Strategy. The Alcohol and Gaming Commission of Ontario already has the statutory mandate to protect the public in the area of gambling by approving all games and gaming devices (including electronic gaming machines), regulating the granting of credit, regulating advertising and prohibiting gambling by minors. However, by adding consumer protection as an articulated component of the new Strategy, the Commission can play an even greater role in protecting gamblers from the potentially harmful elements of gambling products and/or the gambling environment. In addition, the Commission can take into account its mandate to promote social responsibility in the context of problem gambling while discharging its broad regulatory role.

The manufacturers of electronic gaming machines are loath to share information on product design and development. However, it is highly likely that very sophisticated research has been conducted that suggests ways in which product and environmental design can contribute toward higher levels of play, and this information has been used in the manufacturing and design processes. While there is a very legitimate objective in designing a product that is more attractive and entertaining for the consumer, a point can be reached at which entertainment may lead to encouraging addictive behaviour. The Commission should investigate electronic gaming machines from this perspective and determine in each case whether legitimate promotional considerations have lead to encouraging unsafe and dangerous practices. The same is relevant with respect to the design of the environment in which gambling takes place.

In addition, the Commission should determine whether any aspect of the operation of an electronic gaming machine is misleading. For example, it should determine whether the number of visual stops on a spinning wheel truly represents the number of actual stops that are in place and whether a 'stop button' really affects the termination of the spinning operation. Players may be mislead in thinking that their chances of winning are higher than they really are and that they have some control over the operation and outcome of machine play. Furthermore, if an electronic gaming machine is programmed to display 'near misses', this may encourage gamblers to believe that they are close to a substantial win and that they should continue to play.

It is recognized that these considerations are fraught with difficulty because some of these promotional techniques are part of the entertainment value of the product and gaming activity. Again, it must be noted that prevalence studies indicate that approximately 95% of the gambling public gambles in a responsible manner and it would be inappropriate and counter-productive to unduly interfere with the right of gambling operators to provide an attractive service and environment and thereby limit their ability to compete with other entertainment providers. It is only in cases where it can be demonstrated by credible research that a product or some aspect of the environment is unsafe that it should be removed. With the aid of research, the Commission will be required to determine the criteria by which harm can be measured.

As in other commercial ventures, there should be honesty in advertising. The public is entitled to be protected from falsehoods and misrepresentations in advertising, and the Commission has a duty to ensure that this does not happen with respect to gambling. In addition, some balance should be sought between permitting promotional advertising of gambling and gambling activities and the need to inform the public of the potentially negative consequences of excessive gambling. While this concept may not be as applicable in the private sector, it takes on more significance when it is government that is operating and profiting from gambling activities while, at the same time, having a duty to protect the public interest.

Regulations under the Gaming Control Act prohibit an operator of gaming facilities from engaging in advertising that "implies that playing games of chance promotes or is required for .... financial success or the resolution of any economic, social or personal problem." The Commission should vigorously monitor and enforce this prohibition particularly with respect to lotteries.

The Regulations also permit the extension of credit only in the commercial-type casinos and only in accordance with detailed Regulations require a player to provide extensive personal information on, among other things, the player's financial means to support a line of credit. The day-to-day operators of the casino may create policies and procedures with respect to the extension of credit, and these must be submitted to the Registrar of the Commission. The operators should be vigilant in monitoring the credit history of patrons so as to ensure that the patron has the financial means to support his or her gambling activities and, where appropriate, provide the patron with information on gambling, problem-gambling and responsible-gaming practices.

As to the relationship between problem gambling and the presence of Automatic Teller Machines (ATMs) at gambling locations, a recent research study in Queensland concluded that there was no strong relationship. Rather, the study found that their removal would constitute an inconvenience to recreational gamblers and to those who wished to purchase products or other services. As previously recommended in this Report, similar research should be conducted in Ontario.

In most jurisdictions, with the notable exception of Manitoba, ATMs are available at gambling sites and some are located on the gambling floor. Removing ATMs entirely would not only be an inconvenience but would require those who wish to access funds to leave the secure environment of the gaming site in order to do so. However, there is no obvious need to have ATMs on the gambling floor. Requiring the patron to leave a gaming table or machine in order to access an ATM results in a pause in play that may give the patron the opportunity to reflect on his or her gambling activity.

There are many ways in which a gambling patron can self-regulate his or her gambling activities. Limiting the amount of cash taken to a gambling site and/or imposing limits on daily cash withdrawals using ATMs are obvious steps that can be taken. Fully understanding the odds of winning and how games work enables the patron to make informed choices. If the Commission develops the prevention/awareness component of the Problem-Gambling and Responsible-Gaming Strategy in an aggressive and comprehensive manner as earlier recommended in this Report, an informed and educated gambler should be armed with the ability to reduce or eliminate the likelihood of becoming a problem gambler.

Finally, if the earlier recommendation with respect to the need for Government to regulate the lotteries is implemented, the Commission should play a major role in ensuring that lottery tickets are not sold to or for the use of minors. Lottery-ticket agents should lose their licenses when they violate these requirements and there should be no political interference in saving the licenses of offenders.

It is recommended that:

59. The Commission should determine through directed research whether electronic gaming machines are designed to encourage unsafe and addictive behaviour and, if so, it should remove such features of the machines. In addition, the Commission should determine whether the design of such machines contains features that mislead the player as to his or her chances of winning or controlling play.

60. The Commission should determine through directed research whether the design of gaming premises encourages unsafe and addictive behaviour and, if so, to require that any such features be removed.

61. The Commission should vigorously monitor and enforce the existing limits on advertising, particularly advertising that "implies that playing games of chance promotes or is required for .... financial success or the resolution of any economic, social or personal problem."

62. The day-to-day operators of the commercial-type casinos should be vigilant in monitoring the credit history of patrons to whom credit is advanced so as to ensure that the patron has the financial means to support his or her gambling activities and, where appropriate, provide the patron with information on gambling, problem-gambling and responsible-gaming practices.

63. At the present time, Automatic Teller Machines should continue to be available at gaming locations but not on the gaming floor.

64. The Commission should vigorously enforce the prohibition of the sale of lottery tickets to or for the use of minors and should remove the license of lottery-ticket agents who offend these rules.

The Integration of the Four Components of the New Problem-Gambling and Responsible-Gaming Strategy

It is essential that the four components of the new Problem-Gambling and Responsible-Gaming Strategy be integrated. If the recommendation that the responsibility for the development and delivery of the Strategy be transferred to the Alcohol and Gaming Commission of Ontario is implemented, it will be much easier to accomplish this objective. It is anticipated that a newly formed unit within the Commission will be created to manage the new Strategy and that this unit will have a single task - the responsibility for the development and delivery of the Strategy. Accordingly, any decision that is made within any of the components of the Strategy will be determined within the context of its relationship to and its impact on each of the other components. This objective can best be illustrated with a number of examples.

It is important that there be a link between problem-gambling treatment providers, the providers of prevention/awareness services and those involved in operating gambling facilities. The employees of the operator of gambling facilities who are interacting with patrons should be fully aware of the nature of the treatment services that are available to problem gamblers and the individuals in their communities who are delivering those services. Treatment providers can provide input to the employees at gambling facilities as to the types of messaging that will likely have an impact on those that may require assistance.

As previously noted in this Report, those responsible for funding research should be aware of the actual needs of treatment providers and those delivering prevention/awareness services. Research should be performed in order to give the OLGC and others direction as to how they should best promote responsible-gaming practices and communicate with patron groups such as seniors, women, young adults and members of ethno-cultural and Aboriginal communities. Research should help determine if different treatment models are more useful for different populations such as youth and young adults. Research is required to assist in determining whether the technology incorporated into certain games is contributing to problem gambling.

For example, a pilot project on residential treatment should be preceded by research designed to determine the best treatment methods to employ when clients are exposed to intensive treatment over a relatively short period of time rather than intermittent treatment over longer periods. In addition, research should assist in determining the structure of an educational program on prevention- and responsible-gaming practices when it is being delivered intensively rather than intermittently.

In sum, if a culture of responsibility is fostered in the decision making process, then decisions will be made taking into account the impact of any proposal on the treatment of problem gamblers, the provision of information to gamblers and the public on problem gambling and responsible gaming, the research that should precede the decision and whether an element of consumer protection is involved. Those involved in each component of the Strategy should have a role to play in contributing to initiatives that are designed to advance the minimization of potential harm from gambling activities.

A culture of responsibility reaches out to other Ministries as well whose programs impact on problem-gambling issues. Ministries with programs directed at youth, education, family services and probation service, for example, should have an avenue of communication with the Commission so as to ensure that problem-gambling matters are considered by them when relevant. The Commission should consider establishing an inter-ministerial advisory committee that could include representatives of other stakeholders where advisable.

Accordingly, it is recommended that:

65. When making decisions, the Commission should consider the impact of each decision on and its relationship to each component of the Strategy, viz. treatment, prevention/awareness, research and consumer protection.

66. The Commission should promote a culture of responsibility so that government, those engaged within each component of the Strategy, manufacturers, gamblers and the public at large share joint responsibility in contributing to the outcomes of the programs and strategies that are implemented. In addition, the Commission should consider establishing an inter-ministerial advisory committee that may include stakeholders, where appropriate, so as to ensure the broadest input and co-operation possible.

Horseracing and Bingo

Very little attention has been paid to problem-gambling and responsible-gaming issues in the horseracing and bingo sectors. However, data indicates that 6% of Ontario's gambling public wagers on horseracing while 8% participate in bingo activities.

There are 18 racetracks in Ontario, 16 of which have Slots at Racetracks programs. In addition, there are approximately 100 off-track betting locations scattered throughout the Province where wagering can take place on races conducted in Ontario and throughout the world. A telephone account system has also been introduced that permits wagering over the telephone or using a computer.

Several years ago, the Ontario Horse Racing Industry Association became involved in a pro-active campaign, "Take the Reins", designed to promote responsible gaming and to provide information to problem gamblers about where they could seek assistance. Several racing publications included references to problem gambling and responsible gaming and informational posters were displayed at racetracks. Woodbine Entertainment, the owner and operator of Woodbine Racetrack in Toronto and Mohawk Raceway in Campbellville, instituted a voluntarily self-exclusion program but this was discontinued because of difficulties in enforcing the program at Woodbine's large facilities. The Ontario Problem Gambling Helpline provides promotional material to the horseracing industry, but there does not appear to be a concerted effort to make these materials available to patrons.

Recently, Woodbine Entertainment has developed a working relationship with the Responsible Gambling Council – Ontario for the purposes of developing a training package for its employees and an information package for its horseracing patrons on problem gambling and responsible-gaming practices. These packages could be used by other racetrack operators as well. At the present time, all of these initiatives are being done on a voluntary basis.

The Ontario Racing Commission is a statutory body that operates pursuant to the provisions of the Racing Commission Act, 2001, and regulates all aspects of horseracing in Ontario with the exception of wagering. The Racing Commission reports to the Minister of Consumer and Business Services. The Act requires that the Commission exercise its powers in the public interest and in accordance with the principle of social responsibility, but this has not lead the Commission as yet to address problem-gambling and responsible-gaming issues directly. Many of the existing programs and the programs that will be developed in the future by the Alcohol and Gaming Commission of Ontario for the new Problem-Gambling and Responsible-Gaming Strategy can be applied to the horseracing industry as well. It would be up to the Racing Commission to enact Rules or impose conditions on the licenses of racetrack operators and others that would promote the objectives and goals of the new Strategy.

The bingo industry in Ontario has fallen on hard times. At one time, bingo was one of the most popular gambling games in Ontario but it has suffered from the increasing competition of casino gambling and slots at racetracks. The bingo industry has done virtually nothing to promote responsible gaming. Some of the informational materials distributed by the Ontario Problem Gambling Helpline have found their way into some bingo locations, but very few bingo operators have shown any interest in promoting programs that might further diminish decreasing revenues. As previously noted, the Responsible Gambling Council's Problem Gambling Prevention program will be offered in some bingo locations in fiscal 2004–05.

The bingo industry operates under the provisions of the Gaming Control Act and is regulated by the Alcohol and Gaming Commission. If the Commission becomes the body responsible for the development and delivery of the new Problem-Gambling and Responsible-

Gaming Strategy, it will be in a position to promote the goals of the Strategy in the bingo industry as well. As in the case of the horseracing industry, many of the programs that will be a part of the new Strategy can be applied to the bingo industry.

Accordingly, it is recommended that:

67. The Ministry of Consumer and Business Services should consider directing the Ontario Racing Commission to co-operate with the Alcohol and Gaming Commission of Ontario and develop and introduce a problem-gambling and responsible-gaming strategy suitable for the horseracing industry of Ontario utilizing the features of the new Problem-Gambling and Responsible-Gaming Strategy where applicable.

68. The Alcohol and Gaming Commission of Ontario should consider introducing a problem-gambling and responsible-gaming strategy suitable for the bingo industry of Ontario utilizing the features of the new Problem-Gambling and Responsible-Gaming Strategy where applicable.

Technology and the Internet

Technological advancements have had an enormous impact on the entire gaming industry. Many of these advancements have already been noted in this Report because of their impact on problem gambling and responsible gaming.

Technology can both contribute to and ameliorate the likelihood of problems. Sophisticated technology has been applied in the manufacturing and programming of electronic gaming machines to make them more attractive, and perhaps more addictive, to gamblers. Technology can also be applied to program the machines in order to educate gamblers about gambling and problem gambling and make gamblers more aware of their own gaming practices. Technology also permits the tracking of gamblers' activities if they register in rewards programs. The information generated by this technology can be used to identify and educate patrons who may be at risk of becoming problem gamblers.

Lotteries rely on computer technology to provide for Canada-wide sales and large prizes. In addition, there has been a marked increase in the number of lottery games that are served by technological advances. The Atlantic Provinces have a program whereby lottery tickets can be purchased on-line.

In the area of horseracing, technology permits wagering in Ontario on races that are being run all across North America and beyond. This has had a major impact on live racing in Ontario while, at the same time, providing a further opportunity for gambling for 12 hours a day and more.

The internet is being utilized increasingly to offer the public opportunities to gamble. Off-shore virtual casinos offer casino-type gambling 24 hours a day every day of the year. On-line bookmaker-sites offer wagering on sporting events taking place all around the world. Serious gamblers prefer this method of wagering to legal games such as Pro-Line because they offer betting on single events rather than requiring bets on a minimum of three-game parlays.

Special attention should be paid to on-line poker sites that are becoming increasingly popular spurred on by extensive television programming. Young adults in particular are being drawn to these sites and the on-line poker industry is a booming marketplace.

While it is illegal for residents of Ontario to participate in internet gambling activities, they are virtually impossible to regulate. There is no doubt that many Ontarians, including youth and young adults, are wagering hundreds of millions of dollars at these internet sites. They do so utilizing their computers, many of which are located at their homes. These gamblers are invisible to anyone not present. While, statistics from prevalence studies and from the Ontario Problem Gambling Helpline indicate that fewer than 1% of gamblers refer to internet wagering as the major source of their gambling problems, care should be taken to ensure that information about problem-gambling and responsible-gaming practices reaches these gamblers as well. This can best be accomplished with a broad social-marketing media campaign already referred to and recommended in this Report.

In addition, any new technological innovations proposed by the gaming industry should be considered in the context of their impact, if any, on problem gambling. Such consideration should precede the introduction of technological innovations.

Accordingly, it is recommended that:

69. The design and delivery of prevention/awareness strategies and programs should take into account their potential impact on gamblers that participate in on-line gambling.

70. Prior to the adoption of any new technological innovations proposed by the gaming industry, consideration should be given to their potential impact on problem gambling

Gambling-related Suicides

Much media attention has been devoted to the issue of the number of suicides occurring in Ontario annually that result in whole or in part from problem gambling. Tracking this number would provide additional data as to the prevalence of problem gambling and, in some cases, the failure of treatment interventions.

However, care must be taken to secure complete and accurate profiles of the victims of suicide so that all of the contributing factors can be monitored. This is especially relevant in the case of persons with multiple addictions and other mental-health and social problems.

The Commission should recommend a system for tracking problem-gambling-related suicides. When an investigation is being conducted by the Ontario Coroner's office, it should be asked to determine whether problem gambling was a factor leading to the suicide. In addition, health- and social-welfare professionals should also be asked to inform the Commission if they become aware of a problem-gambling-related suicide. It is recommended that:

71. The Commission should recommend a system for tracking problem-gambling-related suicides.

The Disclosure of this Report

As previously noted in this Report, there has been considerable interest exhibited by the public and by stakeholders in this study of the Problem-Gambling and Responsible-Gaming Strategy. In keeping with the earlier recommendations regarding transparency, the Government should disclose the entirety of this Report to the public for the purposes of securing the broadest range of comment. Accordingly, it is recommended that:

72. This Report in its entirety should be released to the public for comment and input.